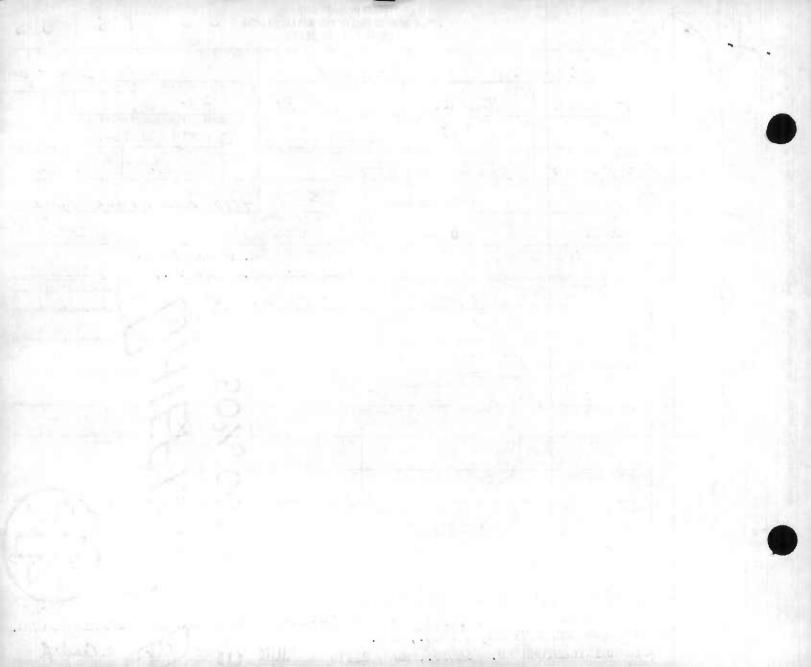
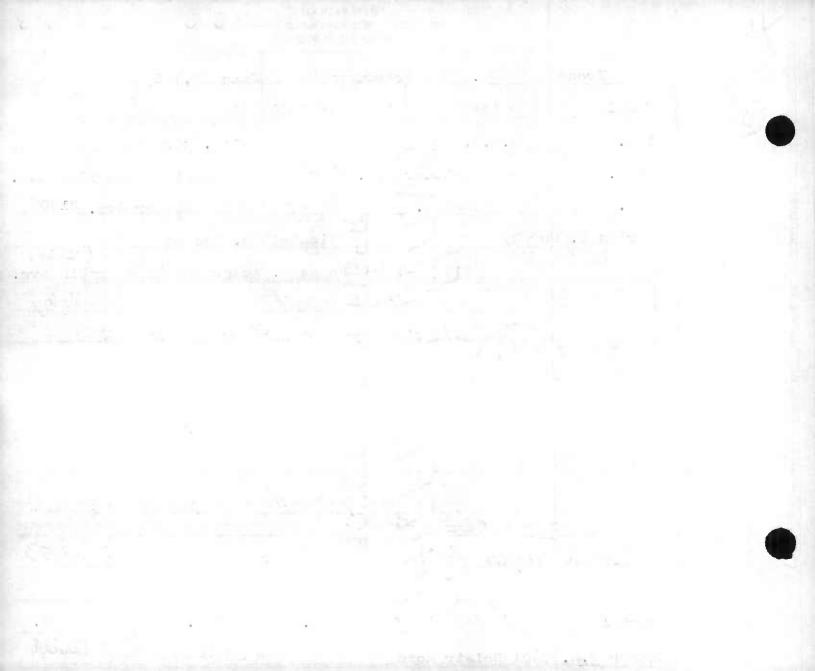


	REGISTRAR ECEASED NAM	E FIRST		MIDDLE	LAST	2a DATE KNO	REG. NO.	DAY YEAR
(1,	YPE OR PRINT)	JERRY		Ray	ABBOTT	OF ES	511-	26 19 83
3. SE	x Male		DATE OF BIRTH	951 6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	24 HRS. 2c. DATE PRONOUNCEL DEAD	монтн	26 ₁₉ 83
70 1	BIRTHPLACE (S West V)	TATE OR	U.S.A	AT COUNTRY?	MARRIED NEVER MARE	RIED X	E CITY OR COUNT	TY OF DEATH
	Balti	OF DEATH	II. NAME OF HOSPI	ITAL, NURSING HOME, O LITY, GIVE STREET ADDRESS) Benedict S	ROTHER INSTITUTION	12d. USUAL OCCUPATION OF WORKING Driver	LIFE)	OR INDUSTR Beauty S
		(IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION) 131. CITY OF TOWN Baltimore	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2665 St.	Benedict	St. 212
14. 1	FATHER'S NAM	amin Frpkl	MIDDLE	LAST	15. MOTHER'S MAID	en Clark		LAST
		DEVER IN U.S. ARMI	ED FORCES?	166. SOCIAL SECURITY N	D. 17. INFORMANT	ean Clark	DDRESS Balt	imore, M
	No	THE TES, GIVE W.		218-58-4319	Ernest F.	Abbott 363	Cornwall	St. 212
	95 Canditia	DF DEATH (Enter only EATH WAS CAUSED IMMEDIATE ons, if only, which ise to immediate o) stating the under-	CAUSE (a) Am. DUE TO, OR A	itriptyline S A CONSEQUENCE OF	Intoxication			BETWEEN ONSET
CERTIFICATION		FOPERATION		T NOT RELATED TO THE TERMINAL	OISEASE OR CONDITION GIVEN IN P	ART 1 (a)		20 AUTOPSY?
	UNDERLYING	ING CAUSE OF DE	ATH ? P.M.	MONTH DAY YEAR 6/26/ 19 83	Subject inge	sted drugs		RT 2)
MEDICAL CERTIFICAT	21d INJURY O	NOT WHILE AT WORK	Hou:	RY, FARM, ETC.) SE	2665 Dy. Ber	redict St.	Baltin	nore
MEDICAL CE	AT WORK	NOT WHILE AT WORK ify that I took charge ted fram: Natura	House af the remains descri	ibed above, held an Accident . Suicid	Autopsy X, Inspection Et., Homicide TITLE (SPECIFY) M.D. Assistar	medict St.	ond in my op DATE SIGNE	6-26-

6	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH		5 1 0 5
CALLY TO THE	I. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH DA	Y YEAR 2b. HOUR
o e pe	(TYPE OR PRINT)	reuse As	a Am S	06 16	683 4:40 m
nay be page 3 proge 3	3. SEX	4. RACE 5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	UNDER 1 YEAR IF UNDER 24 PRS
ctor,	EMALE		DAY YEAR OF	+6 YRS.	ONTHS DAYS HOURS MIN.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70. BIRTHPLACE (STATE OR FOREIGN RUSSIA	USH WIDON	IED NEVER MARRIED NEVER MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF BALT	'IMORE MD.
201 is other in other filed and	BATIMORE	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	AL.	120 USUAL OCCUP (100) (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY AT HOME
MARYLAND 212D Total T		OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION DUNTY 13c. CITY OR TOWN	120 0 110 0	130. STREET ADDRESS 4000 FORDS L	ANR APTZC
MARYL of 22 page 6	14. FATHER'S NAME MAYER	CHOMSKY	15 MOTHER'S MAIDEN NAMES SA	WE	UNKNOWN
	160 WAS DECEASED EVER IN U.S. NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SECURITY NO	. 17 INFORMANT M	IR. DONALD ABRAMS	
IMORE,	NO NO OR ONKNOWN) (IF YES.	GIVE WAR OR DATES)	4733 BYRON R		21208
ires that the death certificate and by the ottending physici in please remove corbonopoper burial, cremation, or removal.	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (c) (t) CONDITIONS CONTRIBUTING TO DEATH BI	JNTERSTIA	FIbrusis	N IN PART I (g
ORDS, Tequire require sign of to but injury	? Se	1515			
VITAL RECOR	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
N OF VITA SICIAN: Th ng physicia certificate uriol-tronsit tentol Hygie frem 18 shg	OR CONTRIBUTING TO CAUSE OF	DEATH HOUR A.M. MONTH DAY YEA	R	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT T OR PART 2)
O The side of	(IF EITHER, NOTIFY MEDICAL EXAM) 21d. NIJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISON OR ATTENDING P e hospital ar attending to the UnRECTOR. After the back for the Man of Hem 21 is marked	22a 1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	ospital) attended the eleccosed from 0 19 19		death occurred on the date and hour of	
ITAL OR Any the hopy the hopy the hope detached state Dept.	27% SIGNATURE	y Mosens	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	23c. DATE SIGNED
TO HOSPITAL of retoined by the TO FUNERAL IS should be detoined with the Store I IMPORTANT: if	HARVE	1 KUSEN	SINAL	Hospira	
BP	230. BURIAL, CREMATION, EMPLOYEE BURIAL	JUNE 17,1983 SHOME	CEMETERY OR CREMATORY REI MISHMERES S	23d LOCATION CITY OF TOWN SHARES HAPLATA RO	MARYLAND SEDALE BALTO
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR SOL	LEVINSON & BROS., INC	25e DAT	E REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
(VRA 15, 4)	6010 REISTERST	OWN RD, BALTO, MD	21215 JUN	201983 Splan	2. Court



assahn F.H. 7401 Belair Road



The state of the s CHARLES SE SELECTION OF SEASON STATES OF STREET ili e No. 1. 708 V. est. Trustition, Eleminony, Mark はんりょう アイスストリスタ スタル・コー・・・・ マンド・・スペグ・ドット・スタング uil te ann Viley 15. Co. Viley no Viley 15. Co. Vi

X	1.	FOR STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	15108
ME		CEASED NAME FIRST I	EVELYN MIDDLE	A DAMS	20 DATE OF DEATH TUN	E 9 1 1983 HOUR
	(1776)	Evelyn	WINIFRED	Adams	07	09 83 130 AM
	3 SE	×	4 RACE	5 DATÉ OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	NONTHS DAYS HOURS MIN.
		remale	WHITE	July 19, 1914		YRS
9		IRTHPLACE (STATE OR FOREIGN COUNTRY) England	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or co	e city MD
El se	F	Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH EACHLITY, GIVE STREET ADI SOUTH BAIT IM OF	o General Hospita	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	RKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY OWN HOME
est p	13a. S	laryland 136 cou	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD INTY 13 CITY, OR TOWN CITY) Baltimor	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Pa	21 225 talsco Ave.
and de	14. FA	THER'S NAME THOMAS	MIDDLE LAST Hands	15 MOTHER'S MAIDEN NA PIRST Margare	* MIDDLE	(Unknown)
dica			IVE WAR OR DATES)	(Hus	band) ADDRESS	
Je me		No	N/A 218.26.8		h Adams (Sa	
ic event, t		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), and (BED BY: ATE CAUSE (a) CARDIOPU	1	:+	BETWEEN ONSET AND DEATH 11.5 tantaneous
fraumat		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUEN (b) Metastat	ic carcinoma o	of the colon	3 years
ar ather		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN			
ijury,	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TER!	MINAL DISEASE OR CONDITIC	N GIVEN IN PART 110
Sws any in	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY? 200	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
em 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		YEAR	RRED (ENTER NATURE OF INJURY IN I	TEM 18 PART L OR PART 2)
rked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR/	21f. LOCATION	CITY OR TOWN	COUNTY STATE
121 is ma		saw the deceased alive a	oital) attended the deceased from 19 8	6/3 , 19 83 , and that in (my) (aur) apinion	, to 6/9 death occurred on the date o	nd hour and from the causes stated
ZT. If Hen		D That	KeyMD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	× 6/9/83
MPORTANT		Dean Mite	hell	3001 S, H	anover St.	Baltinore, MP
_	23a I	BURIAL, CREMATION, REMOVA (SPECIFY)		ME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
- 11	24 FI	Buria1		n Haven Mem.Pk	Glen Bur	
/81		NAME DECVY	Finaral Homo (G1	on Burnio MI		GISTRAR'S SIGNATURE

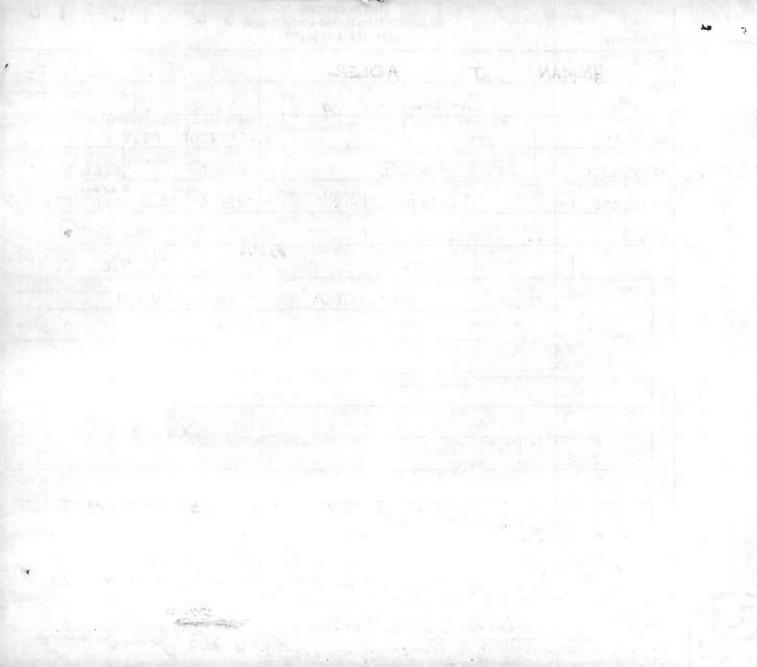
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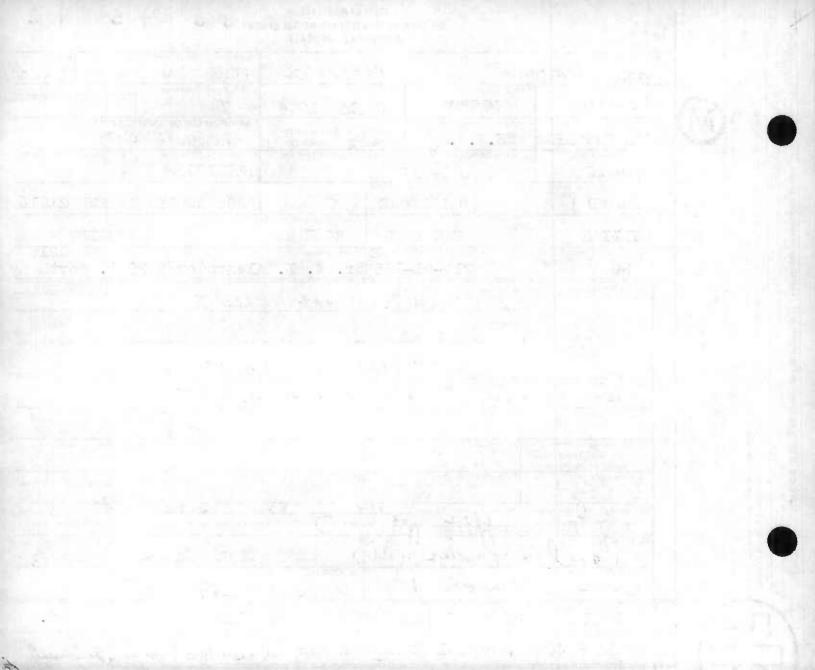
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-	X.	11	
>	7)		
4	V	1 1	

REGISTRAR CERTIFICATE OF DEATH REG. NO.	2107
2 £ (TYPE OR PRINT)	DAY YEAR 26 HOUR
CHESTER EDWARD ADAMKIEWICZ 6 2	3 83 817 AM
3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Male Caucasian May 10, 1913 70 YRS.	
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. BALTIMORE CITY OR COUNTY MARRIED X NEVER MARRIED BALTIMORE CITY OR COUNTY MARRIED X NEVER MARRIED BALTIMORE CITY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION	MD.
10. CITY OR TOWN OF DEATH BALTIMORE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION MEMORIAL HOSPITAL 12. USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFT (TYPE OF WORK FOR MOST OF WORKING LIFT (TYPE OF WORK FOR MOST OF WORKING LIFT (TYPE OF WORK FOR MOST OF WORKING LIFT)	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY Baltimore YES NO 136. STREET ADDRESS Balt 3560 Elmora	imore, MD.
14 FATHER'S NAME FIRST MIDDLE LAST PIRST MIDDLE	glinicki
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES. NO OR UNKNOWN) (IF YES. GIVE WAR OR DATES) 215-09-1436 Mary V. Adamkiewicz, sam	
PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVI	
₹ / E IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
HOUR AM MONTH DAY VEAR	ART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH	COUNTY STATE
270. I certify that (1) (this haspital) ottended the deceased from	19 \(\frac{\sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}} \simptintiles \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \signation \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \simptintiles \sqrt{\sqrt{\sq}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\
22% SIGNATURE PAUL MID DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTO	6/23/83
PHYSICIAN DIRECTOR	
136. DURIAL, CREMATION, REMOVAL 736. DATE 136. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN	COUNTY STATE
Burial 6/25/83 Holy Redeemer Baltimore, M	id. 7 Canul
Schimunek Funeral Home, 3331 Brehms La, 21213	ARUSION TURE



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	1 -	STATE REGISTRAR			DEI ANTI	CERTIF	ICATE OF	DEATH	RI	EG. NO.				
1		EASED NAME	FIRST	1	MIDDLE		AST		20. DATE OF DEA	ATH MONTH	DAY	YEAR	2b. HOU	R
1	11116		Alfred	i Ri	chard	A	llen			6	20	1983		М
	3. SEX			4. RACE	01.424	5. DATE C	OF BIRTH		6. AGE (IN YEARS)			DER I YEAR	IF UNDER :	24 HRS
	Ma	le		Whi	te	MONTI	16	1927	55	,	rrs.	DATS	HOURS	MIN.
	7a BIF	THPLACE (STATE OR F	ORE IGN		WHAT COUNTRY?	8.			9. BALTIMORE		11.00	EATH		
1		OUNTRY)		TT C	2 7		_	MARRIED	Baltin	ore C	i + 37			445
7	-	chigan	TH		A. HOSPITAL NURSIN	WIDOWE			120. USUAL OCC			h KIND O	F BUSINE	MD.
	Ва	ltimore		Balti	more City	ADDRESSI Y HOS			(TYPE OF WORK FOR Superv	MOST OF WORK	(ING LIFE) IN	DUSTRY	1otor	
	USUA 13a S	L RESIDENCE (IF NUR	NI COUN		GIVE RESIDENCE BEFORE		113d INSIDE	CITY LIANITS?	13e STREET ADD	PESS			210	16
7		ryland	100	imore	Edgeme		YES 🗍	NO T	7814 N	Jorth	Cove	Road	do	1//
		THER'S NAME	Dase	THOTO				'S MAIDEN NA					-	
6		Alonzo	-	MIDDLE	Allen			Clara	MI	DDLE		Per.	lick	
		AS DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17 INFORM	ANT		ADDRESS 7	814 N	orth	Cove	e Rd
	Ye	ES, NO OR UNKNOWN)	WW	TT	214-22-	6938	Eliza	abeth Al	llen	В	alto.	MD	2121	19
П		18 CAUSE OF DEATI										APPROXI	MATE INTER	IVAL
	7	Conditions, if ony, gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN	nediote g the lost.	(c)_	r as a conseque	ENCE OF			- Llese		N GIVEN IN	PART 1:0		
7	TIOI	19a DATE OF OPERAT	LION	TIRE COND	ITION FOR WHICH	OPERATIO	NI WAYA C DEDE	OPAAED	20a AUTOPSY	2 206	IF YES, WE	PE FINNIA	JOS HISER	
7	CERTIFICATION	148 DATE OF OPERA	11014	148. COND	HON FOR WHICH	OFERATIO	IN WAS FERE	OKMED	YES INC	INC	ERTIFYING			TH?
)		710. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	in .	DF INJURY M. MONTH DA	AY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NATURE			OR PART 2)		J
	MEDICAL	21d INJURY OCCURE	ILE 🗆	218. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	71f. LOCAT		CIT	Y OR TOWN	(COUNTY	51	TATE
	-	220.1 certify that (1) saw the decease						, 19	, to	.1 . 1	19		that (I) (v	
		above, (1) (we) (c	did) (did no) view the body	ofter death.			r) (our) opinion	deoin occurred on	the dote on				sted
		22b. SIGNATURE					DEGREE	ATTENDING PHYSICIAN F	MEDICAL DIRECTOR F	STAFF PHYSICIAN [22c. DATE	SIGNED	
		22d. PHYS CHANES N		Delas	lis		22e ADDRE	-						
		Raoul De												
		URIAL, CREMATION,		23b. DATE				CREMATORY	23d LOCATIO CITY OR TO	NWC		INTY	51 VI -> >= 2 T	STATE

21222

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IMPORTANT: If them 21 is marked or them 18 shows any

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue, Dundalk, MD

THE REPORT OF THE PARTY OF THE AND THE RESIDENCE OF THE PROPERTY OF THE PERSON OF THE PER

11	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEVE 5	2 1 1 2
1	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N	
	ECEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HOUR
	James Edward Allen DEATH MATED	6 20 19 83
3. SE	A RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2¢ DATE LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	MONTH DAY YEAR 24 HOUT 7:50
VI	1A1e (01. 7 A0e, 23, 928 53 YRS. DEAD DEAD	6 20 1983 p.A
Jo. 1	BIRTHPLACE (STATE OR THE OR TH	OR COUNTY OF DEATH
L	DAITO, Md. U. S.H. WIDOWED DIVORCED Baltimor	e Citv. ME
10 (CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYLE) EOR MOST OF WORKING LIFE)	PE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
	Baltimore 600 N. Arlington Avenue Custourn	
USU	JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 130. COUNTY 134 OTY ONTOWN 134. INSIDE (ITYLIMITS? 136. FREET ADDRESS /	- 2/2/7
177	PAruland Pallimore YES NO 1 600 HVIIN	glow AUR
14.1	FATHER NAME MIDDLE ALLAST IS MAIDEN NAME MIDDLE	LAST
	William HILEN MATTE HOL	Kins
160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	121223
	(18 NO. OR UNKNOWN) (18 YES, GIVE WAR ODOATES) 216-24-2990 Mrs. Louise Burre. 11	1911 TENENSEAU
	1. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PARTIDEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Hypertensive&arteriosclerotic cardiovascul	
	402 9 DUE TO, OR AS A CONSEQUENCE OF	
8	Canditions, if any, which	
	gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
	lying cause last.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101	
Z		
	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	28. AUTOPSY?
ĮĔ		YES NO X
CERTIFICATION	216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
AL	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET FACTORY FARM FIG.) STREET CITY OR TOWN	COUNTY STATE
2	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR FOWN	COUNTY STATE
		nd in my apinian
	death resulted fram: Natural causes A., Accident L., Suicide L., Hamicide L., Undetermined manner L.,	
	ACTUAL MARTO MAR LA ON TITLE (SPECIFY)	DATE SIGNED 6/21/83
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	SIGNED_0/21/85
1	EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell, M.D. ADDRESS III Penn St. Bal	to., MD.
00		10., 140.
230.	BUTIAL, CREMATION REMOVAL 236. DATE 23, NAME OF CEMETERY OR CREMATION CITY AT 200	1/2 COUNTY CAN'T
24	FUNERAL DIRECTOR 1250 DATE RECIDENTARY THE	ESTRARA SICONALIE
1	FUNERAL DIRECTOR DANGE 200 1983 AL- Th AR 29 1983	mod lancely
1	105 epil LI Kus of fift MINONINIM	10 To

	1 -	FOR STATE REGISTRAR		DEPAR	TMENT OF H	EALTH AND M	ENTAL HYG	REG. NO.	151	1 6
4 moy be property fer death		CEASED NAME FIRST OR PRINT) LEON	ARD 1. RACE	G /	ALLEN S. DATE C MONTH	F BIRTH	YEAR	2a DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY)		OER 24 HRS
dech. Poge	(NALE RTHPLACE (STATE OR FOREIGN OUNTRY) ARYLAND		F WHAT COUNTRY	? 8. MARRIE WIDOWE	NEVER M.	19/8 ARRIED [] ORCED []	9. BALTINGRE CITY OR COUNT		MD.
n by the tree filed w		TY OR TOWN OF DEATH BALID ALTRESIDENCE (IF NURSING ME)	STAG	HOSPITAL, NURS UCH FACILITY, GIVE STRE NES HZ NI GIVE RESIDENCE AFFO	ING HOME C ET ADDRESS) DS PIT		TUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I PARTNER/OWNER	126. KIND OF BUS	INESS OR
vithin 24 ho etely filled i 12 should bu	13e. S	TATE 136. C ARYLAND THER'S NAME FIRST	MIDDLE	BALTIMO	WN	15. MOTHER'S	NO 🗆	1629 WILKENS ME	AVENUE 21	•
e executed with n and completel Pages 1 and 2 s medicolexagin		WILLIAM VAS DECEASED EVER IN U.S		ALLENBA	URITY NO.		DA NT	ADDRESS	UNKNOWN CENT STREET	r
up, 201 W. FRESTON ST., BALLIMORE, the state of the state of the death certificate be execusioned by the ottending physician and control please remove corbangopers. Pages a buriol, cremation, or removal.	7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO. (c)	Hepation or as a conseo	UENCE OF ADDEATH BUT	- 1 Co ho	bism to THE TERM	NINAL DISEASE OR CONDITION G	APPROXIMATE IN BETWEEN ONSET A 2 We co	
on. hos been t permit. T ene prior t ows ony in	CERTIFICATION	210. ACCIDENT WAS UNDERLYIN	G 21b. TIME	OF INJURY A.M. MONTH	H OPERATIO			IN CERT		
uG PHYSICIAN: T ottending physici fer this certificate is the buriol-transi h and Mental Hygi rked or frem 18 sh	MEDICAL	OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTION CONTRIBUTION CAUSE CONTRIBUTION CAUSE CAU	21e. PLACE	P.M. E OF INJURY STREET, FACTORY, OFFICE	19	21f. LOCATION	N	CITY OR TOWN	COUNTY	STATE
OR ATTENDI ne hospitol or DIRECTOR. A coched for use Dept. of Heal		220.1 certify that (1) (this is saw the deceased alivabove, (1) (we) (did) (did) (did) 22b. SIGNATURE	e on 6/2	4 1 19	83,0	DEGREE	our) opinion	death occurred on the date and ha		
TO HOSPITAL retained by 11 TO FUNERAL with the State MPORTANT.		22d PHYSICIAN'S NAME (KAWA			220 ADDRESS	Agra	, Hospital	, Salh man	e m)
BP		durial, cremation, remo specify) BURIAL uneral director	23b. DATE 06-2	7-83	CROWNS	EMETERY OR CI VILLE VA 21229	CEM.	23d. LOCATION CITY OF TOWN CROWNSVILLE EREC'D. BY REGISTRAR 250 FT GIS	A A MARY	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	HU	BBARD FUNERAL	L HOME, I	NC. 4107			10	N271983 Joe	ing lake	ex

DESCRIPTION OF THE STORY OF THE

25H	, Mg	1 -	FOR STATE REGISTRAR		DEF	ARTMENT OF	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8-3 REG. NO.	5 1 1 7
	m c		CEASED NAME FIR	ST	MIDDLE		AST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
	page 3			DWIN	S.	ALTRE		June 18, 1980	
	or, po	3. SE	(4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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	neral directions of the same		RTHPLACE (STATE OR FOREIG COUNTRY)		F WHAT COUP SA	MARRIE WIDOWE	DE NEVER MARRIED	D-312 OH	
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ND 212	26	13a. S	AL RESIDENCE (IF NURSING HISTATE 13b.	OME OR OTHER INSTITUTIO COUNTY	13t. CITY OF		13d. INSIDE CITY LIMITS	? 130. STREET ADDRESS 4419 Linkwood	Rd. 21210
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BALTIMORE,	be execut on ond co			V.S. ARMED FORCES? YES, GIVE WAR OR DATES) W II		10 ,5528	Mrs. Ma	ary M. Altreith,	Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
05, 201 W. PRESTON ST.,	tures that the death certific signed by the attending phen please remove carbon proburial, cremotion, or remojury, or other traumatic even	No	Conditions, if any, white gove rise to immedia cause (a), stating to underlying cause to	DUE TO. ich ote the cost. C(c)	OR AS A CON	SEQUENCE OF SEQUENCE OF	hry des	escleum RMINAL DISEASE OR CONDITION G	Z years
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	TO HOSi etained TO FUN should b		Dr. E. H	Hunter Wi	ilson,	M.D	Medical	Arts Building .	, Balto., MD
	5 to 5 to \$ 1		BURIAL, CREMATION, REM	OVAL 236. DATE		23c. NAME OF	EMETERY OR CREMATOR	23 LOCATION	COUNTY A A STATE
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IL RECC	on. hos beer t permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITIO	ONFOR WHICH	H OPERATIO	WAS PERFORMED /	YES NOW	20b. IF YES, WERE IN CERTIFYING (YES	AUSES OF D	JSED EATH?
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	5 € 5 € 3 ₹		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
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	DHMH - 16 50M 4/82	29. F	MERAL DIRECTOR Henr	y W. Je	nkins 8	Son	S CO. 25a. DATI	N 2 8 1983	John J		

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0 /	16a.	WAS DECEASED EVER IN L	.S. ARMED FORCES?	16b. SOCIAL SEC		ADDRESS		
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	1.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND LEALTH AND MENTAL H LICATE OF DEATH	YGIENE 8 3	15121
(RA		CEASED NAME FIRST Jessi	e Bel	ll Anders	on .	20. DATE OF DEATH MONT	18 1983 10 A
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. SE	x Female	4. RACE Black	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 H
eoth. Pognin 72 hours	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OF CO	
the for with differ d		altimore	IF NOT IN SUCH FACIL		OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORD DOMESTIC	126. KIND OF BUSINESS INDUSTRY Pri. Fam.
24 hours	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION, GIVE RENTY		138. INSIDE CITY LIMITS?	130 STREET ADDRESS 24 N. Pula	ski Street
npletely and 2 sho	_	Jack	MIDDLE EU	ıbank	15. MOTHER'S MAIDEN ! Katie	NAME	Lee
mond cor Poges 1		NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 S	SOCIAL SECURITY NO. 1543	Alice R.	Parks Balti	Pulaski St more, Md.2122
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120) ING PHYSICIAN The low requires that the death certificate be executed within 24 hours in cattending physician. After this certificate has been signed by the attending physician and campletely filled in by as the buriol-transit permit. Then please remove corbonapopers. Pages 1 and 2 should be filled in the control of the prior to buriol, cremotion, or removal.	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION	conditions contri	A CONSEQUENCE OF A CONSEQUENCE OF BUTING TO DEATH BUTTON FOR WHICH OPERATION			Pie meluu Din given in part Ito Lifyes, were findings used Certifying causes of death?
O PHYSICIAN The Cartering physician or this certificate is the buriot transit.	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. P.M. 210. PLACE OF IN	MONTH DAY YEAR 19	21c. HOW INJURY OCC 211 LOCATION STREET	URRED (ENTER NATURE OF INJURY IN I	TEM 18 PART 1 ORPART ?) COUNTY STATE
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O HOSPITAL etoined by 1 TO FUNERAL should be det		PAPEN SP	PE 6	Norh	3000 B	m Secrepe	Hop, Breto
BP		burial, cremation, remova (SPECIFY) Burial	6/24/83		EMETERY OR CREMATOR		Baltimore Md".
DHMH - 16 50M 4/82 (VRA 15, 4)	14. F	UNERAL DIRECTOR SOT	LERISE TO	ADDREY USAV		UN 21 1983	SEGISTRAN'S SIGNATURE

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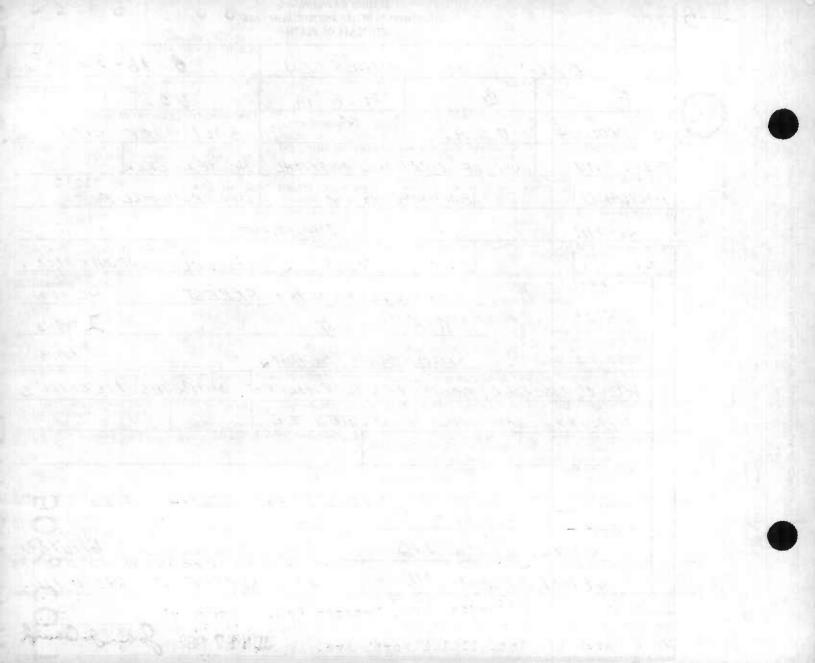
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	couse (a) stating the <u>under</u>		AS A CON	SEQUENCE OF						
	lying ca	use last.	(e)								
	PART 2 DTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMINAL	OISEASE OR CONDITI	ON GIVEN IN PA	R1 1 rg .			
Z											
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTAPS	BULY		
FIG										YES 🔯	NO [
Fer	210 EXTERN	AL CAUSE WAS	21b. TIME OF	FINJURY		IL HOW INJUR	Y OCCURRE	D LENTER NATURE OF INJURY IN	ITEM 18 PART I OR		140 🗀
		G XOR	HOUR A.M	. MONTH	DAY YEAR					-,	
MEDICAL	CONTRIBUT	ING CAUSE OF	DEATH ? P.M	-	27 1983	Self in	<u>itlict</u>	ea			
N S	WHILE		STREET FACT	TORY, FARM, E		STREET		CITY OR TOWN		OUNTY	STATE
	AT WORK	ATWORK	h	ome		3309 W.	Roge	rs Ave. Balt	0.		Md.
	22a cert	ify that Latik char	ge of the remains det	de Dedin	rve, held on	AD ONKY	Inspectio	n . Inquiry .	and in my	apinion	
	death resul	//	A course .	refel.	D Swiced	LVI.	nicide .	Undetermined manner	Π.		
	Oconi resul	1//		1/	4	17	(SPECIFY)	STREET, THE WINDS			
	ACTUAL	XX	1 Tron	11	More			ie fedical examiner	DAT	6/28/8	33
	SIGNATURE	-	1000	-	1 - 41-	N DECEMBE	dia Oli	MEDICAL EXAMINER	SIGN	VED_0/20/0	
2	EXAMINER'S	NAME TI	homas D. S	Smith	M.D.	1000000	111	Penn St.	Balto.	. MD.	
22	(TYPE OR PR	INT)			NAME OF CEMET	ADDRESS.				,	
230	(SPECIFY)			-	RBUTUS MI			23d. LOCATION CITY OR TOWN			STATE
24	BUR FUNERAL DIRE		7/2/83	IAI	morno M	LALITON		BALTIMOR REC'D. BY REGISTRAR [25]		LTO.) M	D.
	LEWIS T		4517 PARK	нето	LUTS ATTER	n re	JUN	30 1983	2, 6	Call	Q. '
	T CITIETY	• CALTIMA	HALL TAIM	THEAT	IIIO WADI	UE		00000	my	- water	

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	L	STATE REGISTRAR		CERTIFICAT	H AND MENTAL I	REG. NO	
poge 3		CEASED NAME FIRST COLUMBU	MIDDLE	ANDO	LEO	-	VI 1983 10 8
ge 4 ma) ector, po	3. SE	× M	RACE N	5. DATE OF BIR	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
orth Pog		IRTHPLACE (STATE OR FOREIGN)	16. CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	RCOUNTY OF DEATH
offer de	10. 0	P A CO	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OT		120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 12b. KIND OF BUSINESS C
24 hours	USU 130	AL RESIDENCE (IF NURSING HOME OR OSTATE 136 COUN		N 13d.	INSIDE CITY LIMITS		242,15
ed within	14. F	ATHER'S NAME FIRST Salvador	Andoleo		NOTHER'S MAIDEN	MIDDLE	Brown
n ond c		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 22 2-07		1ARIC	Andoleo	5/14.
equires that the death ce in signed by the attending. Then please removing, are to busial, aremotion, or injury, or other troumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUI	ence OF Chr	0	fory failu ostructive / ERMINAL DISEASE OR CONI	Pulu Disease :
no. no. permit ne prior ws ony	CERTIFICATION	190. DATE OF OPERATION	. 196 CONDITION FOR WHICH	OPERATION WA	SPERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
CIAN physical physica		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	HOW INJURY OCC	CURRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)
DING PHYSI or ottending After this ce e os the buri olth and Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE. I		LOCATION	CITY OR TO	WN COUNTY STATE
HOSPITAL OR ATTEN and by the hospital DIRECTOR. In the disched for us in the state Dopt. of He man of the man			plp no	, and tho	· · · · · · · · · · · · · · · · · · ·	G _ MEDICAL _ STAI	
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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in the funeral direction progress and the progress of the profit of the second should be detected for use of she burief through the profit of the second page of the profit of the second page of the profit of the pro

	1 -	FOR STATE REGISTRAR	DEPAR	MENT OF	TE OF MARYLAN HEALTH AND ME FICATE OF DE	NTAL HYG	IENE 8 3	0.	5 1	2 5
1	TYPE	EASED NAME FIRST		A	onte		2a DATE OF DEATH	MONTH D	3 83	26 HOUR 827
(IX	SEX	Male	Black	5. DATE	OF BIRTH	YEAR2	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	HOURS
70 70	Pi	THPLACE (STATE OR FOREIGN PUNTRY) LETTO RICO	7b. CITIZEN OF WHAT COUNTRY	? 8 MARRII WIDOW	ED NEVER MA	RRIED X	9 BALTIMORE CITY C	_		190
3/		PORTOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURS (BNOTH SUCH FACILITY, GIVESTRE) BALLIMORE L	ING HOME TADDESS)	or other institu	UTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ON OF WORKING LIFE	12b. KIND OI INDUSTRY ONS	trucz
35	30. S	RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION	13d. INSIDE CITY	LIMITS?	130 STREET ADDRESS	int Wa	y 21224	
200	l. FA	THER'S NAME FIRST Juan	Apona Apona	te .	15. MOTHER'S M	AAIDEN NAA Sazia	MIDDLE		LAST	
nedical le		AS DECEASED EVER IN U.S. A ES, NO PRUNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC 150-28-		Juan t	A. Fon	seca 1209		t Way 2	1224
r injury, or other troum	NOIL		DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	DEATH BU						
shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO			200 AUTOPSY?	IN CERTIFY YES		GS USED OF DEATH NO []
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI	P.M.	DAY YEAR	21c. HOW INJU		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2)	
orked or	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STA
ANT: If Item 21 is m	-	sow the deceased alive a	oitol) Itended the deceosed from	Pi has	DEGREE	ur) opinion o	to death occurred on the d	ote and hour	ond from the c	ouses stat
MPORTANT:	30 B	22d. PHYSICIAN'S NAME (TYPE	Bernett	NAME OF		YSICIAN [DIRECTOR PHYSIC		6/2	3/0
3	{5	PECIFY) Burial NERAL DIRECTOR			ew Mem. 1	Park	Baltima	ne Cit	Md.	574
31			2 & Don Inc. 622	4 East	tern Ave.		N 2 4 1983	Joan	ugo Co	wil

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		siyes	1662	^	100)	BCA1
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	(1) Security (1)					

Baltimore, Md

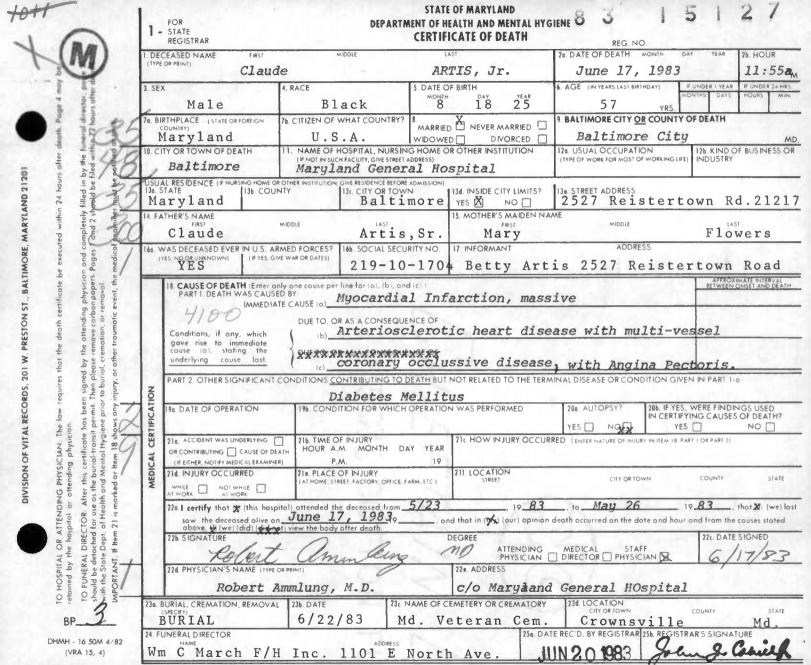
STATE OF MARYLAND

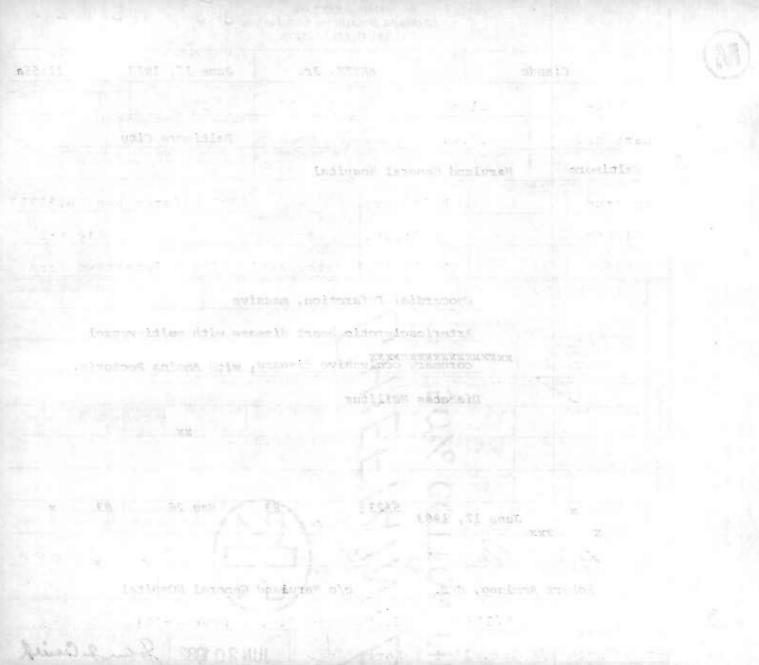
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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413	#582 8/24/83 Items # FOR STATE mtb	18-22a STATE	OF MARYLAND ALTH AND MENTAL HYGI	BIE 3	5 1 2 8
/	REGISTRAR	MEDICAL EXAMINER	S'S CERTIFICATE OF DI	EATH REG. NO	
	CEASED NAME FIRST PE OR PRINT)	MIGDLE	LAST	20 DATE KNOWN DE ESTI-	MONTH DAY YEAR 76. HOU
	STEPHON	M.	ARTIS Jr.	DEATH MATED	6 25 19 83
3 SE	X 4 RACE S DATE	OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDER 24 HR	S. 2c. DATE PRONOUNCED	MONTH DAY YEAR 24 HOU
1	Pale Black 9	28 80 2 YRS.		DEAD	6 25 19 83 a A
1	DREIGN COUNTRY)	ZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEATH
3 V	Pary land		DIVORCED DIVORCED	Baltimore	
10.0	ITY OR/TOWN OF DEATH	AE OF HOSPITAL, NURSING HOME, O DT IN SUCH FACILITY, GIVE STREET ADDRESS)		USUAL OCCUPATION (TYPE OR MOST PE WORKING LIFE)	OF WORK 176 KIND OF BUSINESS OR INDUSTRY
9	Baltimore 341		9.	NA	
	AL RESIDENCE (IF IN NURSING HOME OR OTHER IN	13c CITY OR TOWN	13d. INSIDE CITY LIMITS? 13g S	FIREET ADDRESS HE	2/215-
M	aryland I	Baltimore		11010110	16HTS HIENUE
14.1	ATHER'S NAME	O OT	15. MOTHER'S MAIDEN NA	WE	Mollett
160	WAS DECEASED EVER IN U.S. ARMED FOR	CES? 166 SOCIAL SECURITY N	O 17 INFORMANT	ADDRESS	THOME
100	YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DA		STORAN MA	200 5 3417	Box Hailt Au
		Na	OTEPHON INT.	IKIIS STIC	APPROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter only one co- PART I DEATH WAS CAUSED BY:	use per line far (a), (b), and (c).) Undetermined			BETWEEN ONSET AND DEATH
	7999 IMMEDIATE CAUSE	UE TO, OR AS A CONSEQUENCE OF			
	Canditions, if any, which	UE TO, OK AS A CONSEQUENCE OF			
RTIFICATION	gave rise to immediate	(b)			
3 5	lying cause last.	UE TO, OR AS A CONSEQUENCE OF			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NC TO OCATA BUT HOT BE: ATER TO THE TERMINA	BICEACE OR CONDITION CHICAL IN CAPE A		
Z	TAKE 2 CHECK SIGNIFICANT CONDITIONS CONTRIBUTE	NO TO GENTIN BUT HOT RECALED TO THE TERMINAL	UISEASE UK CUNUITUN GITEN IN PART 1:05		
-1 8	190 DATE OF OPERATION	% CONDITION FOR WHICH OPERAT	ON WAS PERFORMED?		20 AUTOPSY?
1 2					YES X NO
MEDICAL CERTIFICATION			21c. HOW INJURY OCCURRED (EN	TER NATURE OF INJURY IN ITEM 18 P.	
3 4	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19			
DIG	214 IN ILIRY OCCUPRED 2	Te PLACE OF INJURY (ATHOME,	RIF. LOCATION		
¥	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
			Autapsy X, Inspection		
	220. I certify that I taak charge of the r	Lau .			d in my apinian
	death resulted fram: Natural causes	Accident L, Suicid		determined manner,	
	ACTUAL AWA	NXN-	MD Assistant		DATE 6-25-83
739	SIGNATURE	140	M.D. ASSISTANT M	EDICAL EXAMINER	SIGNED 0 25 05
1	EXAMINER'S NAME Ann M.	Dixon, M.D.	ADDRESS 111 Pe	nn St., Balto	o., Md. 21201
730	BURIAL CREMATION, REMOVAL 236 DATE			JOCATION HYDRIONN	
	BURIAL 6/29	1/83 KING N	Jem thak K	anda//show	7 - 0/200
24	UNERAL DIRECTOR	110	250. DIN NC'D	BY RETOCAR THE	Line Caluba
T	MES A, MORTON & SON	SEH MAILANE	raks ST. July 3	0000	
	100/11/01/10/1	J. 110. m. 101	U 40		

NEW PORTS CHARGE SHEET SHEET BOOK HELDER PROPERTY STEARN AM PARTS PRICHARDE MONETE ALL STEPPHERSONS SHE BUS TROOP IN Action & The State of the State

20	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 3	1 5	2 9
poge 3		CEASED NAME FIRST CORPRINT) ERNEST	HOWARD	-ASENDORE		AST	20. DATE OF DEATH	13, 1987	26. HOUR
reger, a moy	3. SE	hale	4. RACE	White	S. DATE C	23, (96	6. AGE (IN YEARS LAST BIRT		FEAR IF UNDER 24 HRS AYS HOURS MIN
deofin. Pa		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALT	RCOUNTY OF DEAT	H
by the fi	1	SALT		CH FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	Retired Bu	on 12b. Kir working life) INDUS yer Balto	TRY Gas & Ele
filled in	130. 5	ALRESIDENCE (IF NURS 10 HOLES TO THE COL	EO"	130. CITY OR TOW	N,	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	hview Av	2104
mpletely ond 2 st	I &	THER'S NAME FIRST ERVEST	WIDDIE	ASENDOR	C	15. MOTHER'S MAIDEN NA late Cora	Hofmeister		LAST
n ond cor Poges 1	160. V	VAS DECEASED EVER IN U.S. A	RMED FORCES?		IRITY NO.	Mrs Josephin		Stt City 2 2937 South	-
sw requires that the death cr been signed by the attendin mit. Then please remove carb prior to burial, cremation, or a gay injury, or other traumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN*	DUE TO, (c)		ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CONG	20b. IF YES, WERE FI	NDINGS USED
he le hos t per t per cene	RTIFIC						YES NO	IN CERTIFYING CAL	NO 🗌
PHYSICIAN tending physicians this certificate be buriol-tro and Mental H ed or them 18	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE LITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF LITHER AT WORK AT WORK	HOUR A	OF INJURY A.M. MONTH D P.M. E OF INJURY street, factory, office.	19	216. HOW INJURY OCCUR	CITY OR TO		- L B
OR ATTENDING P e hospitol or otter DIRECTOR: After ti sched for use as the Dept. of Health one f them 21 is marked		220.1 certify that (1) (this has sow the deceased alive obove, (1) (we) (did) (did 22b. SIGNATURE	P 1 -	ly after death.		nd that in (my) (our) opinion DEGREE ATTENDING	deoth occurred on the do	22c. C	that (I) (we) land the couses stated
HOSPITAL ined by th FUNERAL sold be deto th the State		22d PHYSICIAN'S NAME (TYP) A. DEIDST		<i>O.M</i>	`	PHYSICIAN 220. ADDRESS	Director PHYSIC		21209
PP	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	June			emetery or crematory on Park	Bartimo:	re Marylan	id. STATE
DHMH - 16 50M 4/B2		uneral director	4112 Col	umbia^oR8	Ellic	ott City 25a. DA		256 REGISTRAR'S SIG	

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John C. Miller Inc. 6415 Belair Rd.

(VRA 15, 4)

STATE OF MARYLAND

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		CEASED NAME FIRST	MIDDLE	C LAST	ATE OF DEATH	20 DAT	REG. NO		AY YEAR	26. HOUR / 5
	{TYPE	OR PRINT) Elle	2	Barl	X			6-2	83	IAM
	3. SE	×	4 RACE	5 DATE OF B	DAY YE		IN YEARS LAST BIRT		ONTHS DAYS	F UNDER 24 HRS
		Female	White	10	01		39	YRS.		
37		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIE	D 124	HORECITY OF		Ci Ly	MD
50	10 C	Maryland TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR C		ON 12a. USI	UAL OCCUPATION	ON		OF BUSINESS OR
2/	13	Altimore	Provident Hosp				ctory wo			thing
35	13a. S	AL RESIDENCE IN NURS IN THE	INTY 13t. CITY OR TOV Catonsvi	WN 136	I. INSIDE CITY LIM	AITS? 13e STR	eet address ring Gro	ve Ho	sp.	21228
2	9	THER'S NAME Pius	MIDDLE LAST Bailey	15.	MOTHER'S MAID	DEN NAME	WIDDLE		U	AST
2		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL SEC 219-54-3		INFORMANT M\$//G\$	Mr Ed		ss 959 Bal	Daltor to. Co	ounty, Md
notic event,	>	PART I. DEATH WAS CAUS	only one couse per line for (o), (b), o SED BY: ATE CAUSE (o)	diope	Umon	ony	an	est.	BETWEEN	XMATE INTERVAL NONSET AND DEATH
injury, ar other troumotic event,	> NOI	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost.	SED BY: ATE CAUSE (a)	JENCE OF	ulmon	lobe	Jones SEASE OR COND	min give	\	
a di di	TIFICATION	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	JENCE OF JENCE OF		lo be	AUTOPSY?	20b. IF YES,	WERE FIND	lto .
91	CAL CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH IS	DENCE OF DENCE OF DEATH BUT NO		HE TERMINAL DIS	AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FIND CAUSE	INGS USED S OF DEATH?
9	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUS 48 D IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH IS	DENCE OF DEATH BUT NO DAY YEAR 19	VAS PERFORMED	HE TERMINAL DIS	AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDE CAUSE	INGS USED S OF DEATH?
other troumotic		PART I. DEATH WAS CAUS WHILE AT WORK 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFETIMER NOTEY MEDICAL EXAMIN 210. INCLUDENT WAS UNDERLYING WHILE NOT WHILE AT WORK 210. Leertify Into (U) (this has sow the decessed olive cabove, (I) (we) (did) (did)	DUE TO, OR AS A CONSEQUENCE OF TOOLS TO	DENCE OF DEATH BUT NO H OPERATION W DAY YEAR 19 21	IL LOCATION STREET	TE TERMINAL DIS	AUTOPSY? NO JER NATURE OF INJUR CITY OR TOW	20b. IF YES, IN CERTIFY YES	WERE FIND TING CAUSE COUNTY	STATE that (J) we) lost of courses stated
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Hem 21 is morked or Item 18 shows ony injury, ar other troumotic		PART I. DEATH WAS CAUS WHILE AT WORK 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFETIMER NOTEY MEDICAL EXAMIN 210. INCLUDENT WAS UNDERLYING WHILE NOT WHILE AT WORK 210. Leertify Into (U) (this has sow the decessed olive cabove, (I) (we) (did) (did)	DUE TO, OR AS A CONSEQUENCE OF TOOL OF THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, point) view the body after death.	DENCE OF DEATH BUT NO DAY YEAR 19 FARM ETC.) 21 22	IL LOCATION STREET ATTEND PHYSIC ADDRESS	TE TERMINAL DIS	AUTOPSY? NO IER NATURE OF INJUR CITY OR TOV curred on the do CAL STAF TOR PHYSIC	20b. IF YES, IN CERTIFY YES EY IN ITEM 18 PA WN Offe ond hour	WERE FIND TING CAUSE COUNTY	STATE that (J) we) lost of courses stated

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	TO HOSPITAL OK ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospital or attending physician.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The Id reformed by the hospital or ottending physician.
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	gove rise to immediate couse (a), stating the	(b) 06/05/	3		
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STATE OF MARYLAND

2b. HOUR

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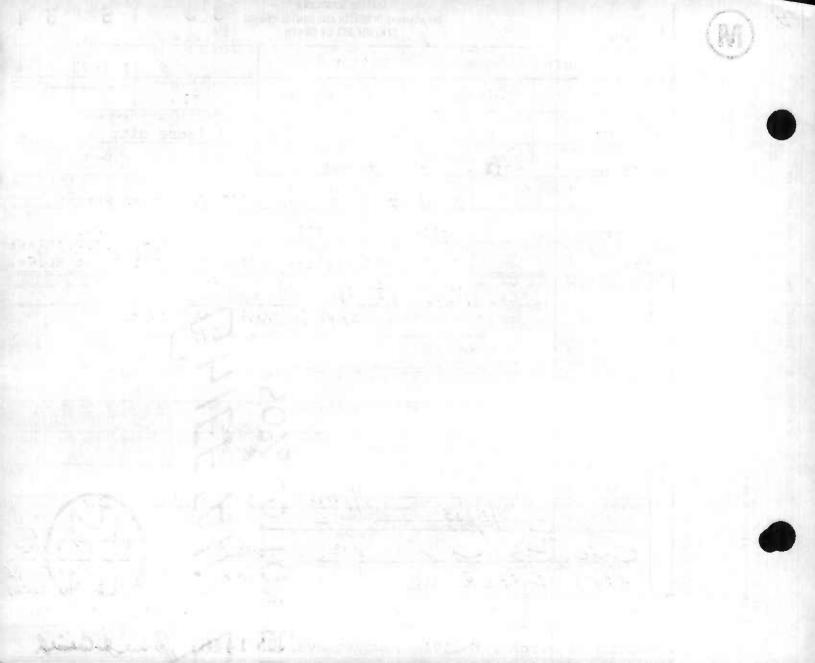
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

1983 IF UNDER ! YEAR

DHMH - 16 50M 4/82 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

WASHINGTON Hoffman Charles A. Baker, same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN Loudon Park Cemetery Baltimore Md. James S. Kirkley, Glen Burn e, 1983 Md.

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IF UNDER 1 YEAR

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DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR

FOR

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		STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	160	WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 16b. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	0111113
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19a Date of Operation 19b Condition for which operation was performed? 20 autopsy? YES XX NO				SE OR CONDITION GIVEN IN PART LIA		
AT WORK AT WORK A HOME +Rt.I, Box 244, Westover. Somerset Co., Md. 27a. I certify that Look charge of the remains similarly ad above, held an Autopsy XX, Inspection , Inquiry , and in my apinion death resulted fram. Natural causes Accident XX Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGNED 6-19-83	2					
AT WORK AT WORK HOME +Rt.I, Box 244, Westover. Somerset Co., Md. 220. I certify that Llook charge of the remains simplified above, held an Autapsy XX, Inspection , Inquiry , and in my apinion death resulted from Natural causes Accident XX Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER SIGNED 6-19-83	1 5	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION W	VAS PERFORMED?		20 AUTOPSY?
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AT WORK AT WORK AND Home HRt.I, Box 244, Westover. Somerset Co., Md. 226. I certify that Look charge of the remains arranged above, held an Autapsy XX. Inspection, Inquiry, and in my apinion death resulted frank. Natural causes	044	21d INJURY OCCURRED 21d	STREET, FACTORY, FARM, ETC.)	STREE!	CITY OR TOWN COU	JNTY ' STATE
death resulted Fand, Natural causes Accident XX Suicide, Hamicide, Undetermined manner, TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGNED 6-19-83	'	AT WORK AT WORK	Home -Rt	.1, Box 244, Wes	stover.Somerset	Co., Md.
ACTUAL SIGNATURE OF SIGNED 6-19-83 M.D. ASSISTANT MEDICAL EXAMINER SIGNED 6-19-83	1	22s. 1 certify that Llook charge of the re	mains prisoned above, held an Autop	osy XX. Inspection	Inquiry , and in my ap	inian
ACTUAL MEDICAL EXAMINER SIGNED 6-19-83	4	death resulted frame Natural causes	Accident XX Suicide	, Hamicide . Under	termined manner .	
M.D. ASSISTANT MEDICAL EXAMINER SIGNED 6-19-83	1	10. 10	KA W. W.O	TITLE (SPECIFY)		
V . A		SIGNATURE COLLEGE	Men Myll N	A.D. Assistant MED	DATE SIGNER	6-19-83
)	EXAMINER'S NAME Donnie	F 6 A 4 4 B			
(TYPE OR PRINT) Dentits F. Silly III, M. D. ADDRESS III FERTI STEET	L		r. Smyth, M.U.	ADDRESSIII Per	in Street	
230. BURIAL CHEMATION, BEMOVAL 236 DATE 234 NAME OF CEMETERY OR CLEMATORY	230	BURIAL GREMATION, BEMOVAL 236 DATE	2 / 23 NAME OF CEMETERY C	OR CREMATORY	MANY S CALINDE	great simpl
24 FUNEPOL DIRECTOR 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE	24		JOHN TYPE	1 150 DATE DEC'D DY	V DECISTOR TO DECISTOR OF	CNATURE
Was as a sellar P. Accress 119 Marina Md. IIIN 27 1083	1	Vos Mark Marl p	100 Hill Marine	m / www -		

STATE OF MARYLAND

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1	1-	FOR STATE REGISTRAR	DEP	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
П		CEASED NAME CORPRINT)	ROW A.	BANKHEAT)	JUNE 20,	1983	Y YEAR	26. HOUR P 9:44	
	3. SEX	Male	4. RACE Black	5. DATE C		6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HRS	
1		RTHPLACE (STATE OR FOREIGN COUNTRY) Carolina	76. CITIZEN OF WHAT COUN U.S.A.	TRY?	NEVER MARRIED	BALTIMORE CITY BALTIMORE CITY				
3			THE JOHNS HO	STREET ADDRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY	F BUSINESS OR	
>	13e. S Ma	AL RESIDENCE (IF NURSING HOME OR TATE 13b, COUN Aryland THER'S NAME	other institution, give residence NTY 13c, CITY OR Balt	BEFORE ADMISSION) TOWN imore	13d. INSIDE CITY LIMITS? YES \(\sum \) NO \(\sum \)		hill A			
2	1	Anthro	Bankh	-	Pearl	WIDDLE		Moore		
1	16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT Gertrude	E.Bankhea				
	7	Canditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT C	(b) Prove Due to, or as a cons (c) CONDITIONS CONTRIBUTING		Pulmonary	Embolo MINAL DISEASE OR CON			Omin	
-	CERTIFICATION	6-14-83	198. CONDITION FOR WI	HICH OPERATIO	Hematoma	200 AUTOPSY?	IN CERTIFYI YES	WERE FINDIN NG CAUSES		
1	MEDICAL CE	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER THE INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR					
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	The state of	STREET	CITY OR TO	20 1c	COUNTY	STATE	
	H	276. I certify that (I) (this hospital) bitended the decased from 19 , to 19 , that (II (we) lost saw the decased five an 19 , and that in (my (aur) pinian death occurred an the date and hour and fram the causes stoted obave, (II (we) (did did not) view the body after death. 276. DATE SIGNED								
_		Wal	to m. Me	Ray W	ATTENDING PHYSICIAN [MEDICAL STA	CIAN (9	10-83	
		Walter m	Morgan, J		Johns	N. WOLFE S	11-RAL	14a. 2	1205, MD	
	73e. B	SPECIAL CREMATION, REMOVAL	6/24/83		more Cem.	Baltimo	re	county	Mđ ^{AN}	

DHMH - 16 50M 4/82 (VRA 15, 4)

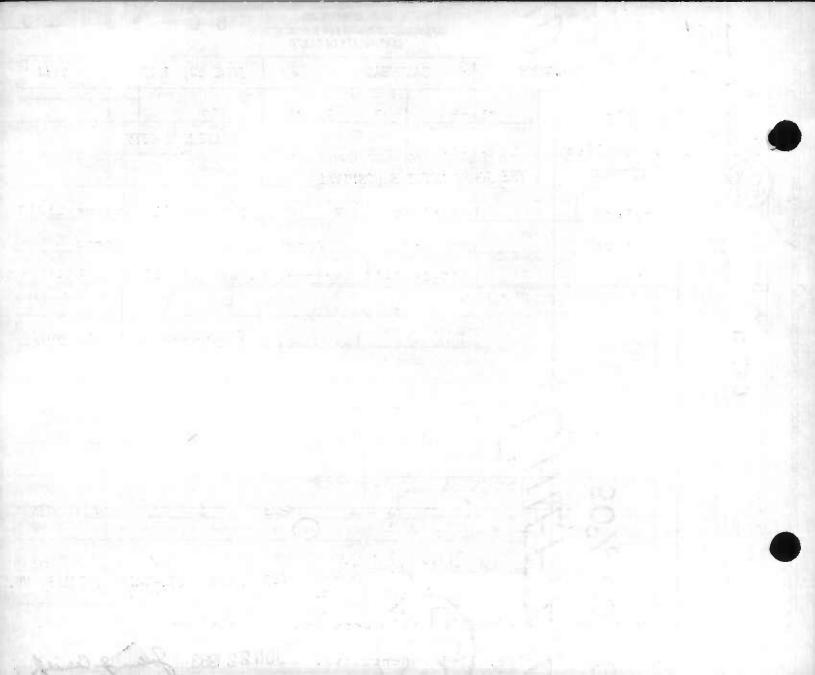
TO HOSPITAL

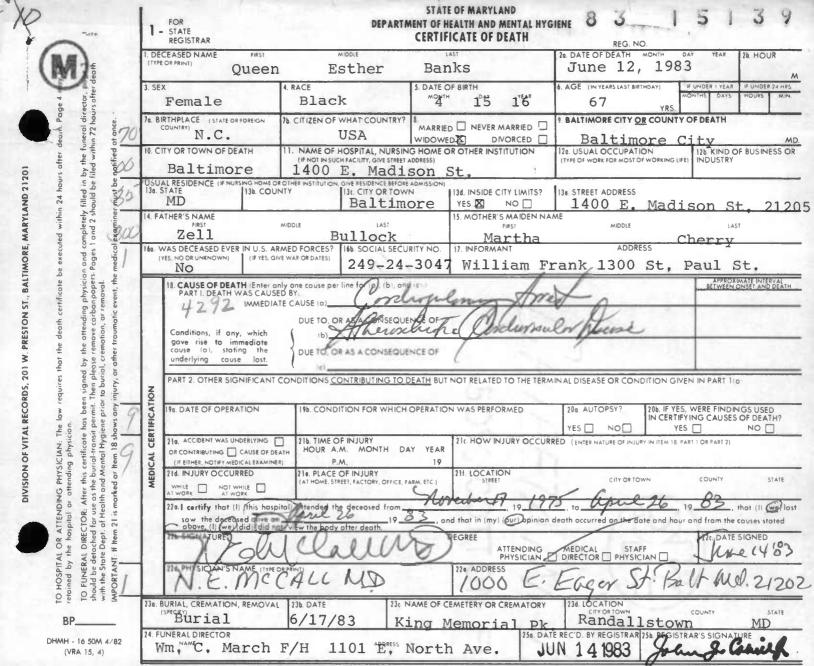
should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR:

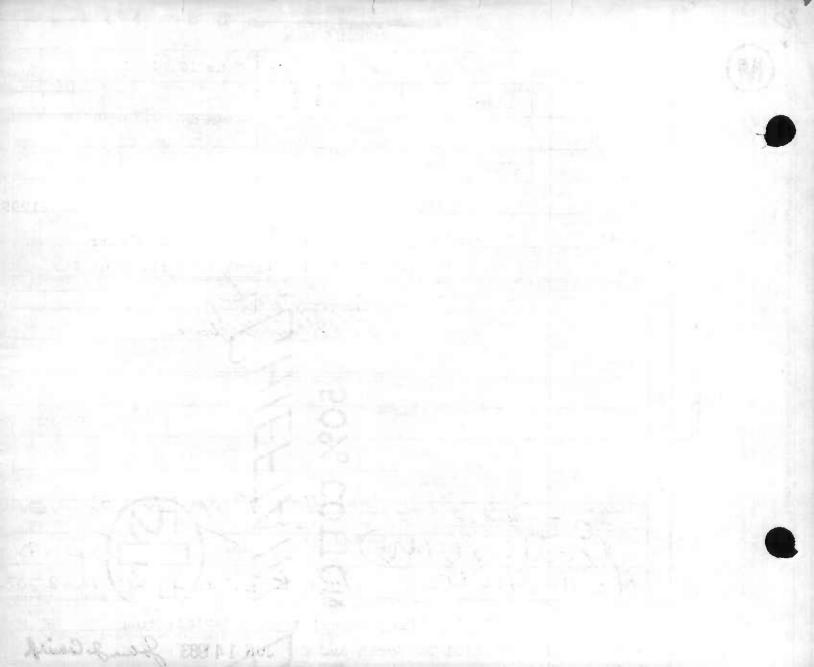
MPORTANT If Item 21 is

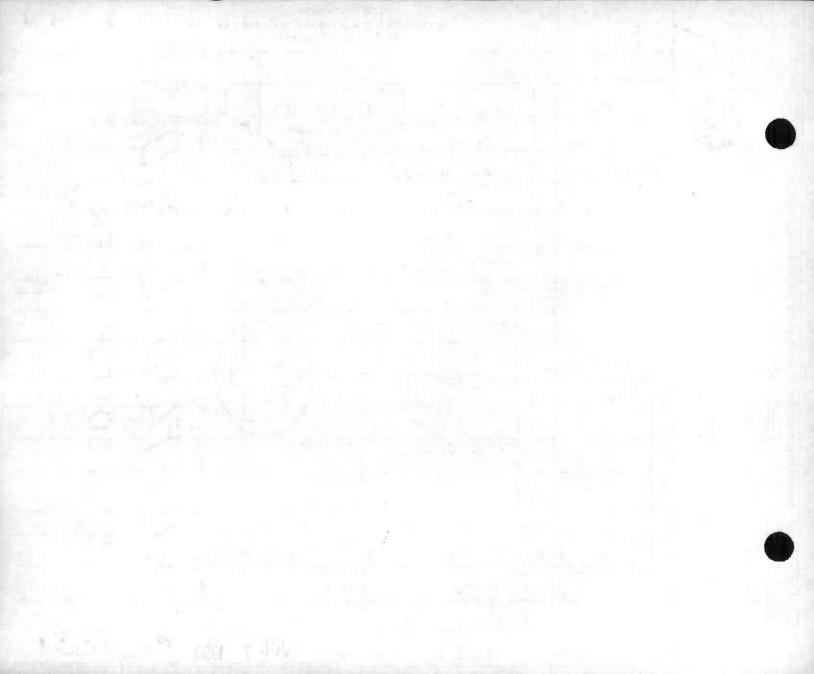
24 FUNERAL DIRECTOR $Wm \stackrel{\text{NAME}}{C} March \ F/H \ Inc. \ 1101 \stackrel{\text{ADDRESS}}{E}$ North Ave.

JUN 2 2 1983



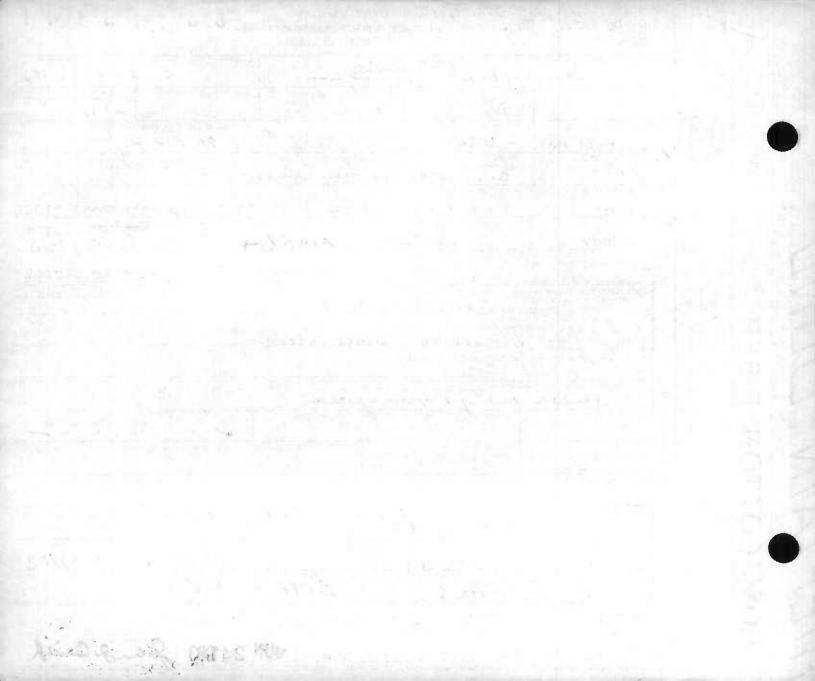






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_	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours offer arealing retained by the hospital or ottending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	200
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician.

	(TYP		topher Barl	· relay	20. DATE OF DEATH MONTH	23 83 211
25	3 SE	M	MC	TE OF BIRTH YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDAY) YR	MONTHS DAYS HOURS
		IRTHPLACE (STATE OR FOREIGN COUNTRY) BALT MO	U JA WIDO	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
Julion Ag		BALT	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BCH Baltimor	e City Hospit	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 126. KIND OF BUSINES
35	130.	STATE 130 SOU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION NTY 130. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6142 Marquet	tte Road 21
200		ATHER'S NAME FIRST Rodney	Barkley Barelay	15 MOTHER'S MAIDEN NAM	ME MIDDLE	Soplin (AST) Copeland
navol	1	WAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES GE	RMED FORCES? IVE WAR OR DATES) 166 SOCIAL SECURITY NO N/A		in 1938 W. Fa	ayette Stre
troumatic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	HILE SLEEPE	~	
r to buriol, crematia	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF b) APNEA & DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH B	HILE SLEEPL	INAL DISEASE OR CONDITION	GIVEN IN PART 110
ne prior to buriol, crematra	RTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT PROVIDED TO STATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF 1b) APNEA (A) DUE TO, OR AS A CONSEQUENCE OF 1c) CONDITIONS CONTRIBUTING TO DEATH B 19b. CONDITION FOR WHICH OPERA	BUT NOT BELATED TO THE TERM PISALCO TION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CEF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
Hygiene prior to buriol, cremation 18 shows any injury, ar other trou	ICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT PROVIDED TO SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	BUT NOT RELATED TO THE TERMINE PLANTED TION WAS PERFORMED 111. HOW INJURY OCCURR	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
of Hygiene prior to buriol, cremation in 18 shows any injury, ar other trou	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse to stating the underlying cause last. PART 2 OTHER SIGNIFICANT PRE ULL VE 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	BUT NOT RELATED TO THE TERM PISALES TION WAS PERFORMED 21c. HOW INJURY OCCURR AR 19 211 LOCATION	200 AUTOPSY? 20b. IF IN CEF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
Mental Hygiene prior to buriol, crematia ar Item 18 shows any injury, ar other trau		Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT PROCES OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIP ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 21d. I Certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did not obove, (1) (we) (d	DUE TO, OR AS A CONSEQUENCE OF THE PLACE OF INJURY ATH HOUR A.M. MONTH DAY YEAR P.M. 21b. TIME OF INJURY P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	BUT NOT BELATED TO THE TERM PISOLES TION WAS PERFORMED 21c. HOW INJURY OCCURR AR 19 21l LOCATION STREET 2. 19 2 ond that in (my) (our) opinion of	200 AUTOPSY? 20b. IF IN CEF YES NO CEPT NOTION ITEM CITY OR TOWN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO 18 PART I OR PART 2] COUNTY STA
Dept. of Health and Mental Hygiene prior to burial, crematia If Item 21 is marked ar Item 18 shows any injury, ar other trou		Conditions, if ony, which gove rise to immediate couse to b. stating the underlying couse lost. PART 2 OTHER SIGNIFICANT PRECUES SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE CIFEITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did not 22b. SIGNATURE	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	BUT NOT RELATED TO THE TERMINAL PLANTS OF THE TERMINAL PROPERTIES OF THE TERMINAL PROPERTY OF TH	200 AUTOPSY? 20b. IF IN CEF YES NO CEPT NOTION ITEM CITY OR TOWN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO 18 PART 1 OR PART 2) COUNTY ST.
Dept. of Heolih and Merital Hygiene prior to burial, crematia f Hem 21 is marked ar Item 18 shows any injury, ar other trou	MEDICAL	Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT PROCES OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIP ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 21d. I Certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did not obove, (1) (we) (d	DUE TO, OR AS A CONSEQUENCE OF THE PLACE OF INJURY ATH HOUR A.M. MONTH DAY YEAR P.M. 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) OR PRINT) OR PRINT) P. A. CONSEQUENCE OF INJURY 19b. CONDITION FOR WHICH OPERATE 21b. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) OR PRINT) P. A. CONSEQUENCE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) OR PRINT)	BUT NOT RELATED TO THE TERMINE PLACES TION WAS PERFORMED 21c. HOW INJURY OCCURR AR 19 21l. LOCATION 5 TREE! 19 22	200 AUTOPSY? 20b. IF IN CER YES NO CITY OR TOWN CITY OR TOWN MEDICAL STAFF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO 18 PART OR PART 2] COUNTY STA

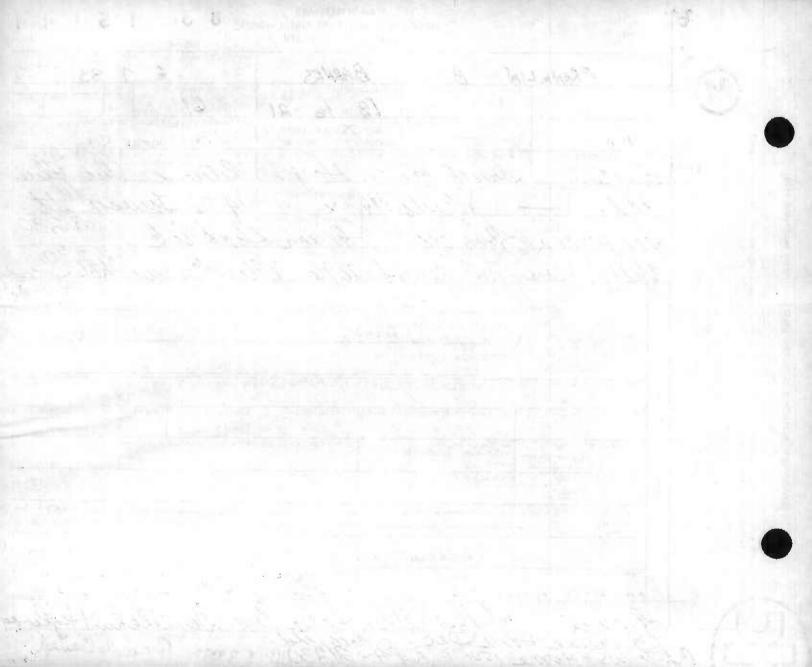


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A	FOR STATE REGISTRA	ı.R	311	CERTIF	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. N		5	1 4 3
noy be poge 3 ir death	1. DECEASED NA (TYPE OR PRINT)	DONAI	D E	BAR	NES	20. DATE OF DEATH	06 18	83	26. HOUR 03:5,5P
tor.	3. SEX	le	Black	5 DATE C	13 196-	6 AGE (IN YEARS LAST BI	PRTHDAY) IF UNI MONTH YRS.	DER I YEAR	HOURS MIN.
neral direction of open	To. BIRTHPLACE	STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIE WIDOWI	D NEVER MARRIED		71-2	DEATH	MD.
10 P	BALT		11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV THE JOHNS	E STREET ADDRESS)	S HOSPITAL	12g. USUAL OCCUPAT (TYPE OF WORK FOR MOST		2b. KIND OF NDUSTRY	F BUSINESS OR
21 bour	USUAL RESIDEN	CE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c CITY O	RTOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	alba	ny	1999
AARYLA mplerely mp 2 th	14. FATHER'S NA	11	MIDDLE BOLL	nes	15. MOTHER'S MAIDEN N	WICOTE	1	1/07	Kins
MORE, P	IN WAS DECEA	SED EVER IN U.S. AF		SECURITY NO.	17 INFORMANT	Barnes	901 A	1,	ith st
guires that the death certains be signed by the attention of the place or announced by the other community of the place of	PART I 42 Condition gove riscause underlyii PART 2 C	DEATH WAS CAUSE St. if ony, which to immediate a), storing the g couse lost.	TE CAUSE (0) CON AS A CON	SEQUENCE OF		RMIN AL DISEASE OR COP	ADITION GIVEN I	7 45	months
L RECORDS, the low requirements have been significant. The me priochood was ony injury.	TIO. ACCID	OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	OF DEATH?
ON OF VITAL TYSICIAN The ding physicion is certificate h buriol-transit for Mental Hygier yr fem 18 show	00.000,000	ENT WAS UNDERLYING [BUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	URY IN ITEM TB PART 1	OR PART 2)	
DIVISION OF INC PHYSICIA of the buriol: ith and Merital incorked or them		YOCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY,		21f. LOCATION STREET	CITY OR T	OWN (COUNTY	STATE
3000	22a.1 cert	fy that (I) (this hosp	oital) attended the deceosed	0.5	nd that in (my) (aur) opinio	, to 6 ~ 1			that (1) (we) lost couses stoted
Ched Ched	22b. SIGN	ATURE	Acherolles		DEGREE ATTENDING PHYSICIAN		AFF ICIAN 🔊	22c. DATE 5	18-83
YO HOSPITAE repaired by The TO FUNERAL I should be deto with the Store		CIAN'S NAME (TYPE	SCHINDLE		TOWNS	MOPKINS	HOSPIT	AL	BALTIMORE
799977 BP	SHEDEL	MATION, REMOVAL	6-24-85	Mem.	FOR CREMATOR	· Town	Pa	UNTY 7	Plane .
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DI NAME ar	fon C	. Doughss	DRESS 669	1338an 250. D	JUN 2 0 1983	25b. REJISTRAR	SSIGNATI	suich

(VRA 15, 4)

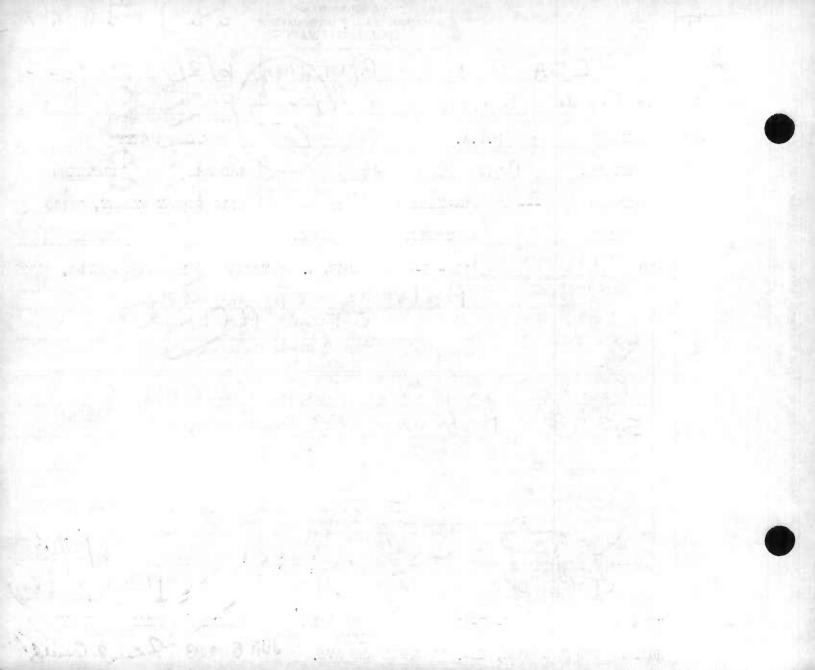


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		GISTRAR	MEI	DICAL EXAMIN	IER'S CERTIFICATE	KEG. I	10.
	TYPE OF	ASED NAME FIRST		WIGGE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26. HOUR
PEASE DECTOR. HOURS ON STREET,	(111201	Richa	ard		Barrack	OF ESTI- DEATH MATED	6 20 19 83 M
13 O 13	. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YE YEAR LAST BIRTHO	ARS IF UNDER 1 YR. IF UND	ER 24 HRS. 2c DATE	MONTH DAY YEAR 26 HOUR
S S S S S S S S S S S S S S S S S S S	Mal	e Black	5 18	4000 00	RS. MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	6 20 1983 I P
63	7a. BIRTH	PLACE (STATE OR	76 CITIZEN OF WE		8. MARRIED T NEVER MAI	9 BALTIMORE CITY	OR COUNTY OF DEATH
00		rginia	USA		WIDOWED DIVO	(mm)	e City. MD
111		OR TOWN OF DEATH	11. NAME OF HOS		E, OR OTHER INSTITUTION	120 USUAL OCCUPATION (T)	PE OF WORK 12h KIND OF BUSINESS
6	F	Baltimore	Lithera	n Hospital		FOR MOST OF WORKING LIFE)	OR INDUSTRY
	MILAI R	ESIDENCE LIE IN NURSING HOME		VE RESIDENCE BEFORE ADMISS	ION)	D-0	24. 11.1
16	30. STA	H 136 COUN	AIA	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS		to. Md. 21217
		ER'S NAME		Balto	YES NO [TITU MANUA AV	10.
10	IS. FAIR	FIRST	MIDDLE	LAST	FIRST	- MIDDLE	LAST
54	Ri	chard		Barrack	Gertru	ıde	
,	(YES, P		RMED FORCES? E WAR OR GATES)	16b. SOCIAL SECURIT	Y NO. 17. INFORMANT	ADDRES	SS
	No						
	18	CAUSE OF DEATH (Enter or	nly ane cause per line	far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ا ن		PART I DEATH WAS CAUSE	TE CALISE (a) Ar	teriosclero	tic cardiovas	cular disease	
80		4290		AS A CONSEQUENCE			
AND MENTAL HYGIENE, MATION, OR REMOVAL.		Canditions, if any, which					
N K	9.4	gave rise to immediate cause (a) stating the under		AS A CONSEQUENCE	OF.		
1 PRIOR TO BURIAL, CREMATION, C		lying cause last.		7.07.007.02.002.7.02			
	P	PT 2 DINES SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BILL NUT SCI TLU IN THE TEST	AINAL DISEASE DR CONDITION GIVEN IN	BART 2	
		AT E STALK STORT CONSTITUTE	CONTRIBUTION TO DEATH	BOT HOT KEENTED TO THE TEXT	SINAL DISEASE DE COMBITTOR DIFER IN	TAKI 1 (Q).	
*	CERTIFICATION 12	a DATE OF OPERATION	TINK CONDI	TION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?
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	E 21	a EXTERNAL CAUSE WAS	21b. TIME OF	INI II IPV	141. HOW INTURY OCCUR	DED CHIEF ALL TO THE WAY OF THE PARTY OF THE	YES U NO [X
2	0	NDERLYING OR		MONTH DAY YEA	R IND W INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	BPAKI (OKPAKI 2)
1	3 0	ONTRIBUTING CAUSE OF			NAME OF TAXABLE PARTY.		
	S 21	INJURY OCCURRED	21e PLACE (OF INJURY AT HOME, ORY, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	A	HILE NOT WHILE [
		220 I certify that I took char-	as of the compact dos	subad about hald as	Autopsy , Inspec	tion X, Inquiry	
2							and in my apinian
WAKTLAND,	(death resulted fram: Natu	ral causes LA,	Accident Si	ricide, Hamicide	Undetermined manner	,
	A	CTUAL	Marson	12 , 4/ 1	TITLE (SPECIFY)		DATE 6/21/07
1	SI	GNATURE	anymo	Whe would	M.D. Assistar	T MEDICAL EXAMINER	SIGNED 6/21/83
BALTIMORE, MARYLAN	E)	AMINER'S NAME	Manganita	A Konoll	M D	Donn Ct D-14	Old Control
	(1			A. Korell,		l Penn St. Balt	o.Mn.
	230. BURT	AL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		Burial	6-24-83	Arbutu	s Mem. Park	Baltimore	Maryland
		ERAL DIRECTOR	ADDRESS	20 20-21	25a. DA1	E REC'D. BY REGISTRAR 756 PEC	GISTRAR'S SIGNATURE
5))				houn Strop	+ SOI	221983	- Q. Capiel

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME ANDDLE. 20 DATE OF DEATH TYPE OR PRINT m. IF UNDER 1 YEAR 4. RACE 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY) 3. SEX MONTH YEAR BI 1919 Female 9. BALTIMORE CITY OR COUNTY OF DEATH JO. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City QXAS WIDOWED DIVORCED EITWOR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DALTO Provident 1+0450 WELR HUSD:ta USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION NI COUNTY 13d. INSIDE CITY LIMITS? CITY OR TOWN 13e STREET ADDRESS INGENST. 1285A.L Allfornia IVEVS IDE YES X NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ANderson 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Harriett Johnson 3521 Dennison No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE IO DUE TO, OR AS & CONSEQUEN Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21g. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 5 COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from multisow the deceased alive on July above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL Duld be deto PHYSICIAN DIRECTOR PHYSICIAN P 224 PHYSICIAN'S NAME (MACRETINE) 22e. ADDRESS Should His 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OF TOWN Riverside Vewcoo 250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 MORTON + SONS (VRA 15, 4)

There is a second Mrs. Market Holden & Ser Vanger Constitution of the second contract of the se The second of th 40000 WHO A PLEASE WOOD THE LANGUAGE IN THE SERVICE AND A STORY OF THE SERVICE AN

5	1 - STATE REGISTRAR	DE		ALTH AND MENTAL HY CATE OF DEATH	REG. NO.	1 3 1	4
y be	(TYPE OR PRINT)	DA MIDDLE	ß	ARTSCHE	20 DATE OF DEATH , MONTH	DAY YEAR	C 4 PM
9ge 4.mo	J. SEX Female	e WHITE	5 DATE OF	BIRTH DAY YEAR 17 00	6. AGE (IN FEARS LAST BIRTHDAY) YR:	MONTHS DAYS	IF UNDER 24 HRS
of the the	70. BIRTHPLACE (STATE OR FORE COUNTRY) MARYLAND	76. CITIZEN OF WHAT COU	MARRIED	NEVER MARRIED X			
s ofter de by the filed appropriet	BALT TMORE				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LABORER	12b. KIND OF	BUSINESS OR
in 24 hours y filled in thousand be	MARYLAND	COUNTY 13c CITY O	IMORE	3d. INSIDE CITY LIMITS?	130 STREET ADDRESS 2316 CEDLEY S		
ampletel ond 2 sexonic	FATHER'S NAME FIRST FRANK	BARTS	AST	ANNIE	AME	KRAMER	.
ote be executed within 24 hours sisten and completely filled in by ppers. Pages, and 2 should be filled on the medical examiner missible many, the medical examiner missible many.	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (1)	IF YES, GIVE WAR OR DATES)		7. INFORMANT PAUL E. BAR'	ADDRESS PSCHER 5015 LEA	EDS AVENUE	2122
not the death certificate by the attending physici sse remove corbonpopei i, cremation, ar removal.	PART I. DEATH WAS	DUE TO, OR AS A CON the the DUE TO OR AS A CON	SEQUENCE OF C	E CA Fecal Septi	Of Colo Perutonita Cernia.	S SETWEEN ON	ATE INTERVAL SET AND DEATH
he low requires the hos been signed permit. Then ples ene prior to burn ows any injury, or	PART 2 OTHER SIGNIFI AND A PROPERTY OF OPERATION 190. DATE OF OPERATION 5 3 8 210. ACCIDENT WAS UNDERLY	e anyt	lumies	CHF	200. AUTOPSY? 20b. IF	YES, WERE FINDING CAUSES O	S USED F DEATH?
HYSICIAN: The iding physicia physicia was certificate he burial-transit. Mental Hygie ar Item 18 sho	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL INJURY OCCURRED)	SE OF DEATH HOUR A.M. MONT EXAMINER) P.M.	TH DAY YEAR	THE LOCATION	RED (ENTER NATURE OF INJURY IN ITEM		
OR ATTENDING PI the haspital or otter DIRECTOR: After it sched for use as the Dept. af Health and f them 21 is marked	220.1 certify hat (1) (the	is hospital) attended the deceased of the bady after death.	from, ond	GREE ATTENDING	deoth accurred an the date and h		
FO HOSPITAL etoined by the TO FUNERAL should be defined by the State with the State IMPORTANT: I	226 PHYSICIAN'S NAME	ENDRA S	SINGH	22e ADDRESS	DIRECTOR PHYSICIAN D	CRN CRN	PKn PKn
BP	230 BURIAL, CREMATION, REA (SPECIFY) BURIAL	06-07-83		ON PARK	23d LOCATION CITY OR TOWN BALTIMORE CIT	Y MAR	YLÂND
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME HUBBARD FUNER	RAL HOME, INC. 41	21	229 250 DA	TE REC'D. BY REGISTRAR 256. REC		will



The latest and the second seco TOTAL RESIDENCE NAME OF THE PARTY. 20 40 41 4 11 12 11 11 Assessed the same of the same

#	1.	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	15149
may be page 3 er death		CEASED NAME FIRST LUCIL	JS ROBERT	BATTLES	20. DATE OF DEATH MONTH	20 83 6;45 p _M
ctor, pag	3. SE	×	1. RACE BIK	5. DATE OF BIRTH MONTH DAY 11 2-3 2-8	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Thomas de	100	ERTHPLACE (STATE OR FOREIGN FOUNTRY)	76. CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COL	JNTY OF DEATH MD.
(M) 23	10. €	BALT I MORE	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	IZE KIND OF BUSINESS OR INDUSTRY
11 85	USU 13 ₀ .	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	VN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 448 Round	view Rd. 21225
mplerely pool 2 sh	14. F/	Robert L	MIDDLE Baltic	15. MOTHER'S MAIDEN N FIRST Tivetta	Southers	Bates
be execution and care. Pages 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (JF YES, GI	VE WAR OR DATESH	1787 Mrs. linet	ta Bates 4	48
is that the death certificate ed by the attending physicic please remove carbon paperrial, cremation, ar removal.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	static Liver	de ances	A GIVEN IN PART LO
he law requires t an. has been signed permit. Then ple ene priar to bura	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	20g AUTÖPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
3 PHYSICIAN: The low in intending physician er this certificate has been the burial-transit permit, and Mental Hygiene priant ked artitem? Shows any	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IFEITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 716. LOCATION	RRED (ENTER NATURE OF INJURY IN ITE	19, 38
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDIN the hospital are DIRECTOR: Aft backed for use as Dept. of Health		22a. I certify that (IX(this hosp sow the deceased alive or above, (I) (we) (did) yesday. 22b. SIGNATURE	oftended the deceased from 20 19 view the body after death.	JUNE 19 , 19 83 83 , and that in My) (aur) opinio	n death accurred on the date one	tho XX (we) lost d hour and from the causes stated
HOSPITAL Coned by the FUNERAL Did be detail the State CORTANT; If		22d PHYSICIAN'S NAME (TYPE	A POLOST	ATTENDING PHYSICIAN 22e. ADDRESS .	MEDICAL STAFF DIRECTOR PHYSICIAN	A 16/22/83
BP	230	BURIAL, CREMATION, REMOVAL	236. DATE 83 23c.	NAME OF CEMETERY OR CREMATORY Md. Not Mem Ph	CITY OF TOWAL	COUNTY Md . STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	1	S. A. MORTON	1701 Laure	Ser-	UN 22 1983	GISTRAR'S SIGNATURE

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	1.	FOR STATE	DI	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 3	15	150
	1.05	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTI	LAST	REG. NO		To consist
· SME		OR PRINT)				20. DATE OF DEATH	1	
be be	_	Suaan	Flore		iernschub		6.8.8	
AND PORTER	3. SE	× Female	White	5. DATE	OF BIRTH DAY YEAR 24 42	6. AGE (IN YEARS LAST BIR	MONTHS DA	
Services of the services of th		RTHPLACE (STATE OR FOREIGN COUNTRY ATYLAND	75. CITIZEN OF WHAT COL	INITDV2 B	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
s ofter de by the fun filled within	Ba	ITY OR TOWN OF DEATH		NURSING HOME WE STREET ADDRESS) Hospital	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKE	ON 12b. KINI F WORKING LIFE) INDUST	O OF BUSINESS (
filled in hayld be	M			CE BEFORE ADMISSION OR TOWN dlawn	YES NO KK		ett Rd. 212	207
completely	12		Schul		15. MOTHER'S MAIDEN NA	MIDDLE	Rhineha	rat
ond oges	1	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	30-3572A	Dorothy L. H	ADDRE	Barrett Ro	d. 21207
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The lo iicion.	1 2					YES NO	YES 🗌	NO 🗌
physical in 18 m		?1g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MON	TH DAY YEAR		RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART OR PART	2)
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TTEN portol for us of He			of the body ofter death	0	and that in (my) (ay) opinion	death occurred on the do	ote and hour and from t	
ITAL OR A: yy the hosp RAL DIREC detoched tote Dept. NT: If them	2	226. SIGPATURE YM 8h	ottam N	citra		MEDICAL STAF	F	TE SIGNED
TO HOSPITAL of retoined by the TO FUNERAL is should be deto with the Store I IMPORTANT; if		22d PHYSICIAN'S NAME (TYPE	SHOTTAM	MITE				
₽ ₽ ₽ ₩ 3 ≤		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	6/11/83	Crastl	emetery or crematory		sville; Car	
DHMH - 16 50M 4/82 (VRA 15, 4)		INERAL DIRECTOR 1630	ll C. Witzke *	ve., Cat Funeral	Home 21228		25b. RESISTRAR'S SIGN	Concell

HERE THE STATE OF STATE OF THE termination of the plants of En -30-35724 (Fostilly L. Lettern Mill rast U Fig. 2725) 6, Edm. (Com. (Com I DECEMBER IN THE PROPERTY OF STREET STREET

	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLA EALTH AND N ICATE OF D	MENTAL HYG	IENE 8 3	15	1 5	1
, n£		OR PRINT)	TAKLE	MIDDLE J.	DA.	AST BAZZA	NTI	20. DATE OF DEATH	MONTH DAY	7EAR 26. HOUR	
. Page 4 may be al director, page 3 thours after death	3. SEX	Mari	1 RACE		5. DATE	SEGIRTH		6. AGE (IN YEARS LAST BIRT			7 M
ctor, p		FEMALE		ITE	MONTH 06		02	81	MONTHS	DAYS HOURS A	MIN.
erol direct	7a. BII	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	R	D NEVER M		9. BALTIMORE CITY OF		ATH	
deoth.		OUNTRY) FRANCE	IT	ALY	WIDOWE		ORCED	BALTIMORE	CITY		MD.
	1	IY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET AGNES	ADDRESS)		ITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKER)	WORKING LIFE) IND	KIND OF BUSINESS USTRY	OR
3 1 1	13a. S	1.77	OR OTHER INSTITUTION, UNITY	130. CITY OR TOW ARBUTT	/N	13d. INSIDE CI	TY LIMITS?	130 STREET ADDRESS 1100 LINDE	n AVENUE	, 21227	
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be execution and co		VAS DECEASED EVER IN U.S., 125, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	16b SOCIAL SECT		17. INFORMAI	NEE TUN	ADDRE NNEY 1100 L	INDEN AVI	ENUE, 212	
quires that the death certificate signed by the attending physic hen please remove carbon pape to burial, cremotion, or removal. ijury, or other traumatic event, the plant of the companies of t	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	(b)	R AS A CONSEQUENT R AS A CONSEQUENT RIBUTING TO	ENCE OF	NOT RELATED	TO THE TERM	IINAL DISEASE OR CONE	Qa A DITION GIVEN IN F	ART Ita	
ne low re	CERTIFICATION	19a DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?	?
YSICIAN: The dring physicic scentificate buriol-transit Mental Hygisur them 18 st		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)			AY YEAR	21c. HOW IN.	JURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR	PART 2}	
G PHYSI of the this ce the buring of the buring the down when the down the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			21f LOCATIO STREET	N	CITY OR TO	WN CO.	JNTY STAT	TE
spitol or CTOR: Af Ifor use o of Health		220.1 certify that (I) (his ho sow the decease alive above, (I) (we) (aid) (did		I I h Ct			(aur) opinion	, ta deoth occurred on the do) lost ed
HOSPITAL OR AT INCHES BY THE HOSPITAL OR AT INCHES BY THE GOOD OF THE STORE DEPT.		226. PHYSIC AN'S NAME (TY	Q -)	Jan G	h	226. ADDRESS		MEDICAL STAF DIRECTOR PHYSIC	F	118/83	3
TO HOSP retained ITO FUNE should be with the SIMPORTA	02 -	Jerry		MBEK	NAME OF C	ST.		HOSPITAL, 90	OO S. CAT	ON AVENUE	<u> </u>
ВР		URIAL, CREMATION, REMOV SPECIFY)	23b. DATE 06-20			PK. MAU		BALTIMORE	E CITY. COUNT	MARYLAN	ID.
DHMH - 16 50M 4/82	24. FI	TOMBMENT UNERAL DIRECTOR				21229		E REC'D. BY REGISTRAR			
(VRA 15, 4)	HU	BBARD FUNERAL	HOME, IN	VC. 4107	WILKE	NS AVE.	JI	1430 1883	John	2 Carrie	2

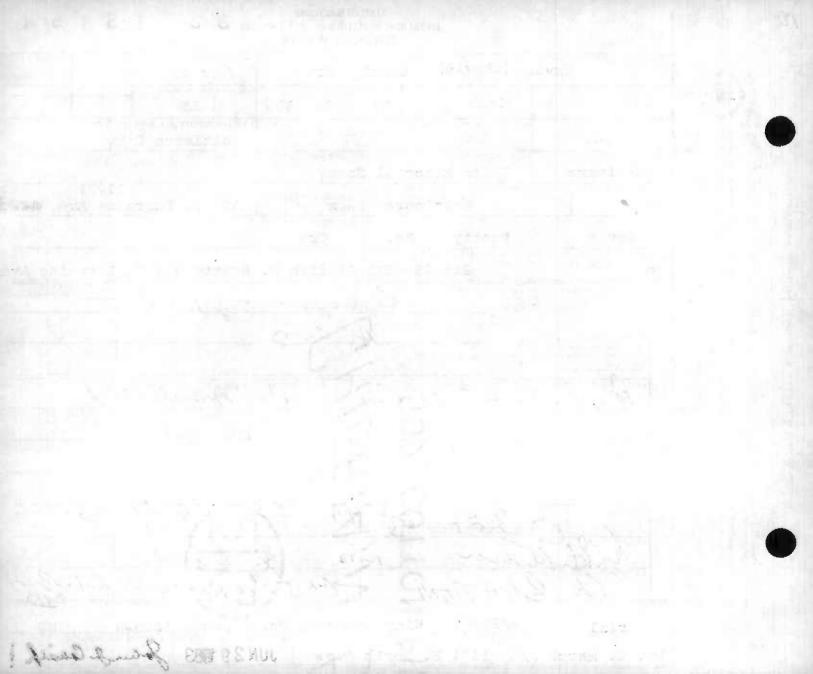
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4		REGISTRAR		CERTIFI		REG. NO.	
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deáth deáth		JOSI	EPH HAROLD	BEA	L	06	03 83 8
D. D.	3. SE	X	4. RACE	5. DATE OF	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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000		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNT U.S.A.	WIDOWED		BALTIMORE C:	
notified	10 C	BALT IMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES: 3433 OLD F)	TREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) PAINT CON.	12b. KIND OF BUSINESS OR INDUSTRY SELF - EMPLOYED
r must be	13a. :	AL RESIDENCE (# NURSING HOME STATE 13b CO IARYLAND	OR OTHER INSTITUTION GIVE RESIDENCE BUNTY 130 CITY OR THE BALT TMO	INMO	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 3433 OLD FREI	DERICK ROAD,21229
examine	14. FA	ATHER'S NAME FIRST CHARLES	MIDDLE LAST BEAL		15. MOTHER'S MAIDEN N FIRST MARY		SCHROEPFER
medicol		WAS DECEASED EVER IN U.S.	GIVE WAR OR DATES)		DOROTHY * I	ADDRESS	FREDERICK ROAD
moval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (o), (b SED BY:		DOROTHI V. I	- 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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e detoched for use os the buriol-transit per State Dept of Heolth and Mental Hygiene INT: If them 21 is marked or them 18 shows		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (JE ETHER NOTHER MEDICAL EXAMINATION OF COURTED) WHILE NOTHER SIGNIFICAL EXAMINATION OF ATWORK AT WORK 22a.1 certify that (1) (this has sow the deceased allowed on the country of the state of the country of the	T CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF	TO DEATH BUT N HICH OPERATION DAY YEAR 19 FICE, FARM, ETC.)	216. HOW INJURY OCCU 216. LOCATION STREET 216 that in (my) (our) opinio	200 AUTOPSY? 20% II CONDITION 200 AUTOPSY? 20% II N CE YES NO CONTROL OF INJURY IN ITEM CITY OR TOWN	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
detoched for use os the buriot-transit per are Dept of Heolth and Mental Hygiene II: If them 21 is marked or them 18 shows		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAMINATIONS NOT WHILE AT WORK AT WOR	DUE TO CHAS CONSE	TO DEATH BUT N HICH OPERATION DAY YEAR 19 FICE, FARM, ETC.)	216. HOW INJURY OCCU 216 LOCATION STREET 21 that in (my) (our) opinio EGREE ATTENDING PHYSICIAN	200 AUTOPSY? 20% II CONDITION 200 AUTOPSY? 20% II N CE YES NO S IRRED (ENTER NATURE OF INJURY IN ITEA CITY OR TOWN A to TOWN MEDICAL STAFF DIRECTOR PHYSICIAN	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO

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1700	1.	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 3	5 1 5 3
· (M)	(TYP)	CT ASED NAME OF PRINTI	NDERS <	BEAL	20. DATE OF DEATH MONTH	3 83 / HOUR 3 1 JH PM IF UNDER I YEAR IF UNDER 24 HRS
	3.5E	M	A RACE	5. DATE OF BIRTH MONTH DAY YEAR 11 28 19	6 Bres	MONTHS DATS HOURS MIN.
oth. Poor	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	_	n '1
on softer dec	10 C	TY OR TOWN OF DEATH		WIDOWED DIVORCED NURSING HOME OR OTHER INSTITUTION E STREET ADDRESS) TO DITAL	12a USUAL OCCUPATION ITYPE WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
124 hours	M	AL RESIDENCE (IF NURSING HOME) TATE 13b. CC	NE OR OTHER INSTITUTION, GIVE RESIDENCE DUNTY 130 CITY O	timure YESTA NO [? 130. STREET ADDRESS Wa	Le Redeliant
MARYLA ed within impletely ond 2 sh	14. F/	GLOYAL	MIDDLE	15. MOTHER'S MAIDEN	NAME	Koger
IMORE, n ond co		VAS DECEASED EVER IN U.S.	GIVE WAR OR DATEST	L SECURITY NO. 17 INFORMANT	leal 412 Swale	Road 21225 ·
RDS, 201 W. PRESTON S' equires that the death cer is signed by the attending Then please remove carbo to burial, cremation, or re njury, or other traumatice	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	ere Cardione	bathy ischer udial Safa ERMINAL DISEASE OR CONDITION C	nic) 24rs uctin 2d given in Part 10
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION		WHICH OPERATION WAS PERFORMED	YES NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ NO } \text{ }
SION OF VI	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEF MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE	FDEATH HOUR A.M. MONT	H DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM)	8 PART 1 OR PART ?) COUNTY STATE
L OR ATTENDI the hospitol or L DIRECTOR: A toched for use e Dept. of Heal		220.1 certify that (1) this h	ospital) attended the deceased e on 3 d not) view the body after death	~7 B		our ond from the couses stated 22c. DATE SIGNED
O HOSPITAL TO FUNERALI should be deto		22d. PHYSICIAN'S NAME (T	G. GEVA	S 22 S. (Greene St.	Balt. Md
BP		BURIAL, CREMATION, REMO	VAL 236. DATE 6/20/83	Meadowridge	Elkridge	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		uneral director Chas.A.Rice	FSPA 1300 É	utaw Place	DATE RECID BY REGISTRAN 256 REGION 22 1985	STRAR'S CONTRACTOR

ESS'S bres - Lang Std Lead of vent - - - 10-12 Alley State of the said June 24 May 15 Tally OOSLE WEST BUILD ON THE CO. N. T. SEC.



Se .	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 S		5 1	5 3
deorh de		CEASED NAME FIRST JOSEPH	H DA	NIEL	веск	AST		INE 25		26 HOUR 1:00P M
6	1. SE	Male	4. RACE	u.	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 HRS
A CO		RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	US.		WIDOWE		9. BALTIMORE CITY OR BALTIMORE	СІТУ		MD.
By the filled with	BA	ITY OR TOWN OF DEATH LTIMORE	VA MED	TCAL CENT	ER BA	LTIMORE MD	12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Shipping C1	WORKING LIFE)	Noxza	DF BUSINESS OR
filled in hauld be f	130. 3	AL RESIDENCE (IF NURSING HOME C STATE Md. 13b. COU	R OTHER INSTITUTION	13c. CITY OR TOW	ADMISSION)		13e SIREET ADDRESS 2819 Miles	Ave.	21:	211
completely filled . 1 and 2 should b		THER'S NAME Frederick		LAST		Jeanette Ho	od.		LAS	т .
g physicion and co an papers. Pages 1 emaval.			RMED FORCES? IVE WAR OR DATES) TOA	216 24 0		Doris L. Becl	ADDRES 2819 Mi			IMATE INTERVAL ONSET AND DEATH
equires that the death certificate in signed by the attending physici. Then please remave carbon paper it a burial, cremation, or remaval. injury, or ather traumatic event, the	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, C	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO D	Cell NCE OF	Cancinoma NOT RELATED TO THE TERM	inal disease or condi	ITION GIVEN	IN PART 100	0
hysician. icate has beer ransit permit. I Hygiene prior	CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	21b. TIME (OF INJURY		N WAS PERFORMED	YES NO	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	
PHYSICIA tending pl this certif he burial-t nd Mental	MEDICAL	OR CONTRIBUTING CAUSE OF D. (IF EITHER NOTIFY MEDICAL EXAMIN 2) A. INJURY OCCURRED WHILE NOT WHILE AT WORK	P 21e PLACE	.M. OF INJURY REET, FACTORY, OFFICE, F	19	21f LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
R ATTENDING haspital or att RECTOR. After hed far use as t ept. of Health a tem 21 is marke		220.1 certify that Xi (this hosp saw the deceased alive a above, Xi (we) (did) (XiX)	7	0 2	83 , or	6 , 19 <u>83</u> Id that in (1 %) (our) apinion (to <u>June 25</u> death occurred on the date	, , , ,	nd from the	
the horner trache e Dep		Levin Do	46 4	no			MEDICAL STAFF DIRECTOR PHYSICIA		22c. DATE	SIGNED 3/F3
TO HOSPITAL retained by the TO FUNERAL should be determined the State with the State important:		22d PHYSICIAN'S NAME ITYPE	Doyle	ms		3900 Loch Ra		ltimor	ie, Md	21218
BP		BURIAL, CREMATION, REMOVA SPECIFY) Burial.		29,1983		emetery or crematory ney Valley Men		Balt		
HMH - 16 50M 4/B2 (VRA 15, 4)	24. F	UNERAL DIRECTOR HAME GALL 6-1	chenw	A 361	Che	Souther J	UL 1 4 1983	John John	R'S SIGNAT	shield

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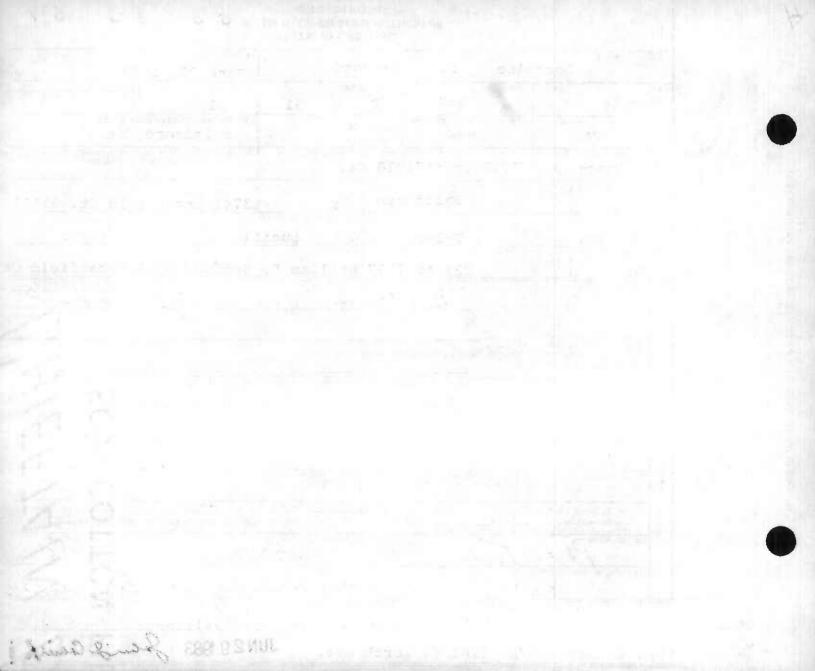
orini. dunu 25,1993 ulanoy Valley Non. Jaito Md. d.

15	1.	FOR STATE REGISTRAR		DEPARTA		H AND MENTAL HY		REG. NO.	2	3 (
/	1. DE	CEASED NAME FIRE		DOLE	LAST		2a. DATE O		AY YEAR	26. HOUR
90.0		ING	EBORG	O. E	BECKWO			7, 1983		11/1
8.0	3. SE		4. RACE		5. DATE OF BIR			N	IF UNDER 1 YEAR	HOURS MIN
\$ 5		Female	White		Sept.	8, 1892		90 YRS. 9. BALTIMORE CITY OF COUNTY OF DEATH		
17		RTHPLACE (STATE OR FOREIG			MARRIED U	NEVER MARRIED				
例》	10.0	Norway	US		WIDOWED	DIVORCED [-	imore Cit		BUSINESS
8/0		Baltimore	Garden	Village	Nursi	ng Home	(TYPE OF WO	k for most of working life nemaker	INDUSTRY	Home
must be	13a. S	AL RESIDENCE (IF NURSING HISTATE 13b.	OME OR OTHER INSTITUTION, G COUNTY	Baltim	'N § 13d.	NSIDE CITY LIMITS?	13e. STREET 4022	ADDRESS Belwood	Avenue	2120
2 P	14. F.A	THER'S NAME	WIDDLE	LAST	15. A	AOTHER'S MAIDEN N	AME	MIDDLE	LAST	
B 900		Silvert		ersen		Marie			Flisn	es
H de		VAS DECEASED EVER IN U	S. ARMED FORCES?	16b. SOCIAL SECU	IRITY NO. 17_ II	NFORMANT		ADDRESS		
Pog		No	ies, dive war on bales	220 30	3516 E	lida M.	Eckhar	dt. Essex	MD.	MATE INTERVAL
re has been signed by his rist permit. Then please rer rigiene prior to burial, crem shows any injury, ar other	CERTIFICATION	PART SHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING TO	eteral K	end Sta	MINAL DISEAS	OPSY? IN CERTIF	WERE POOR	
18 H		210. ACCIDENT WAS UNDERLY	OF DEATH HOUR A.M	MONTH D	AY YEAR	HOW INJURY OCCU	JRRED (ENTERN	ATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)	
buriol-t Mentol or Item	MEDICAL	(IF EITHER NOTIFY MEDICALE)	21a, PLACE O		19 21f.	LOCATION	-		COUNTY	
	ME.	WHILE NOT WHILE	AT HOME STREE	ET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
of Health and 21 is marked		22a. I certify that (I) (this saw the deceased of		5 /31/19	83 , and the	at in (my) (apinio	, ta in death occurr	6/7/ ed an the date and house	The second secon	hat (1) (wa) lo
letoched ite Dept. T. If Item		22b. SIGN 10 E.	B. Bradle	Mer deam.	DEGR In		DIRECTOR	STAFF PHYSICIAN	22c. DATE 5	SIGNED
should be deto with the State [22d. PHYSICIAN'S NAME Dr. Albert	0	ev. M.		ADDRESS 1900 Blea	ir Roa	d. Balto	MD	
- 4 3 Z	23a.	BURIAL, CREMATION, REM				ERY OR CREMATOR	23d. LOC		COUNTY	STATE
		Burial	6/10/			d Cemete	ery B	alto. Co.,		MD
16 50M 4/82	24. F	UNERAL DIRECTOR HE	nry W. Je	nking.	Sons (JO. 1	-	REGISTRAR REGIST	RAR'S SIGNATI	
A 15, 4)	-	4905 York				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAT	83	, Laur	my.

The self-service of the service of t for 1 , 1962 - 50 Fig. altivers standed Village Numbin Form Morram con Legal Com edliner x . . . des selvas venu sisse renalf energy resources the virtue of the control o Extend Hills M. Eccharit, Error, NC BOWN THE WAY THE WAY in. Horacle. In although the company of the company GM ... CO. Hitch Constitute Co., ... (MB t te de la constant d

1.	FOR STATE REGISTRAR	DEPART	TMENT OF HEA CERTIFIC	ALTH AND MI		NE O O	10	3	5 /
	CEASED NAME FIRST	WIDDIE	LAS					DAY YEAR	2b. HOUR
(TYPE	Lorra Lorra	aine F.	Bedfo	ord		June 26	, 1983	3	
3. SE		4 RACE	5. DATE OF	BIRTH		AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HR
F	Temale	Black	M8N1H	9 ^{DAY}	31	51	YRS.		
	COUNTRY) YA	76. CITIZEN OF WHAT COUNTRY USA	WIDOWED		ORCED	Baltimore City of Baltim			
1	altimore	11. NAME OF HOSPITAL, NURSI				2a USUAL OCCUPAT			F BUSINESS (
13a.	AL RESIDENCE (IF NURSING HOME OR. STATE MD 13b. COUN		more	-	40 🗆	3. STREET ADDRESS 3741 Cre	stfie	ld Ct	212
1	Liston	Tyler			Lucil	le MIDDLE		Pryc	
	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)		Willia		ADDR Bedford	-00	Cresti	ield
	E Conditions, if any, which	(h)							
ATION	Conditions, if any, which gove rise to immediate cause (a), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT C	(b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHIC	DEATH BUT N			AL DISEASE OR CON	20b. IF YES	, WERE FINDIN	IGS USED
TIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOU (c) ONDITIONS CONTRIBUTING TO	DEATH BUT N				20b. IF YES	UR.	IGS USED
AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	DUE TO, OR AS A CONSEOU (c) ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 11b. TIME OF INJURY HOUR A.M. MONTH IS	DEATH BUT N	WAS PERFORM	MED	200 AUTOPSY?	20b. IF YES IN CERTIF' YES	, WERE FINDIN YING CAUSES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C 196. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEOU (c) ONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 11b. TIME OF INJURY HOUR A.M. MONTH IS	D DEATH BUT NOT THE OPERATION DAY YEAR	WAS PERFORM	MED URY OCCURRE	20a AUTOPSY? YES NO	20b. IF YES IN CERTIF' YES	, WERE FINDIN YING CAUSES	IGS USED OF DEATH?
	gove rise to immediate couse (or statistics), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospit sow the deceased alive on obove, (1) (we) (did) (did not obove	DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO SOME STATE OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, PACTORY, OFFICE OD) ottended the deceosed from 19	DODEATH BUT NOT THE PROPERTY OF THE PROPERTY O	WAS PERFORM 21c. HOW INJU 21f. LOCATION STREET	MED URY OCCURRE	200 AUTOPSY? YES NO O CENTER NATURE OF INJURE	20b. IF YES IN CERTIF' YES JRY IN ITEM 18 PA	WERE FINDING CAUSES THE COUNTY COUNTY Ond from the	GS USED OF DEATH? NO STATE
	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (1F EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OT WHILE AT WORK 22a.1 certify that (1) (this hospit sow the deceased alive on obove, (1) (we) (did) (did not 22b. SIGNATURE)	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	DAY YEAR 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	WAS PERFORM 21c. HOW INJU 21f. LOCATION STREET that in (my) (a	URY OCCURRE 19 2 1 our) opinion de	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES IN CERTIF' YES IN CERTIF' YES	WERE FINDING CAUSES ART 1 OR PART 2) COUNTY	GS USED OF DEATH? NO STATE
	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK ALWORK 22a.1 certify that (1) (this hospit sow the deceased alive on obove, (1) (we) (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TPE of 22d. PHYSICIA	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	DAY YEAR 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	WAS PERFORA 21c. HOW INJU 21f. LOCATION STREET that in (my) (a	URY OCCURRE	200 AUTOPSY? YES NO CITY OR TO Oth occurred on the comments of the comments	20b. IF YES IN CERTIFY YES DWN lote and hour FF CIAN	WERE FINDING CAUSES THE COUNTY COUNTY Ond from the	GS USED OF DEATH? NO STATE

DHMH - 16 50M 4/82 (VRA 15, 4)



10	1	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rGIENE 8 3	151	5 8
T €		CEASED NAME FIRST	WIDDLE	LAST		ONTH DAY YEAR	2b. HOUR
1 00			HARON C	BEECHER		.983	9:45A
	2.50	F	4 RACE	S. DATE OF BIRTH NONTH DAY YEAR 19472	6. AGE (IN YEARS LAST BIRTH	YRS.	HOURS MIN.
	5	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTS	Y? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	DATESTACES	CITY	MD.
5 11 B	1	ALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		120. USUAL OCCUPATION (TYPE OF YORK FOR MOST OF Y	ORKING LIFE) 125 KIND OF INDUSTRY	F BUSINGSS OR
ER MR within 24 hou 12 should	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE PURIDENCE BEI	ORE ADMISSION) DWN 13d. INSIDE CITY LIMITS?	13e. STREET HOPESS	AH AVES	1093
PER ed within ompletely and 2 sh	14. F	ROUSTON C	MIDDLE ONIR SR	15. MOTHER'S MAIDEN N	Eth Middle Fo	ARD	
SMITHORE, SMITH Tote be execut ysicion and co opers. Poges 1 vol. rt, the medical			WE WAR OR DATES) 166 SOCIAL SE	CURITY NO. 17. INFORMATION LY	RELORUS		
DR T. S the death certific the ottending ph remove carbon p remove carbon p removing or remo remotion, or remo			DUE TO, OR AS A CONSEC	SUEDICEDE OVARIAN	TesT 1 CARCINO		MATE INTERVAL INSET AND DEATH
VITAL RECORDS, 201 W D NON—MED N: The low requires that hysician. cate has been signed by a consil permit. Then please, Hygiene prior to buriol, critical states and hygiene prior to burior, or other states.	CERTIFICATION	PART 2: OTHER SIGNIFICANT ((c) CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY?	POB. IF YES, WERE FINDING CAUSES (GS USED OF DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY I	YES []	№ □
STEPASE INC. PHYSICIA WITH THIS CERTIFICATION OF THE PHYSICIA WHEN THE PHYSICIA AND AND AND AND AND AND AND AND AND AN	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	19 21f. LOCATION STREET	cay on roof-	COUNTY	STATE
REENDISPITENDI	1	sow the deceased alive on above, (I) (we) (did)((did n	ital) attended the deceased from 83 19	, and that in (our) apinia	n deoth accurred an the date		hot (1) we ast
SPITAL OR A by the hc		22h SIGNATURE	Romensh,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	1/1/4	83.
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the State		JACOB ROT		22e ADDRESS 600 N. WOL	FE ST. BALT	ro., MD. 21	205
BP		BURIAL, CREMATION, REMOVAL	23b. DATE 23	BUSIEY METHOUSE	CITY OR TOWN	Baltoca 1	SU STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 E	NAME FUNGRA	-1Chapel 83	25 York (250. P.	TE REC'DIBY PEGISTRAR 25	REGISTRAR'S SNAT	RE

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1	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	-	5	5 9
ay be age 3 death	(TYPE	CEASED NAME FIRST ORPRINT) illiam (BILLY)) Wal	ter	BEHI	KE	20. DATE OF DEATH MOI	_	16 83	2b. HOUR 04:40
ge 4 may	3. SE.		4. RACE white		5. DATE (DF BIRTH Ly 20 ^{AY} 1982	6. AGE (IN YEARS LAST BIRTHOA	YRS.	ON HS DAYS	IF UNDER 24 HRS.
leath. Pa		RTHPLACE (STATE OR FOREIGN COUNTRY) aston Md	7b. CITIZEN O USA	F WHAT COUNT	RY? 8 MARRIE WIDOWE	D NEVER MARRIED A	9. BALTIMORE CITY OR C BALTIMORE			MD.
by the tilled with		ALTIMORE				OR OTHER INSTITUTION S HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO			F BUSINESS OR
filled in auld be in must be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COULD	other institution of Anne	13t. CITY OR 1 Ches	OWN	134. INSIDE CITY LIMITS?	130. STREET ADDRESS Box 226 Ches	ter,	Md 21	1619
mpletely and 2 sh	14. FA	THER'S NAME FIRST William Wal	MIDDLE Lter	Behlke		15. MOTHER'S MAIDEN NA. Tina	Marie Marie	J	ones	1
n and co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? (E WAR OR DATES)	16b. SOCIALS	SECURITY NO.	17 INFORMANT William Wal	ADDRESS lter Behlke S	r. B	Mc ox 226	
is that the death certificate by the attending physical lease remove carbon paper ial, cremation, or removal. or other traumatic event, the		18. CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO,	OR AS A CONSE	ouence of Prema	ing Disease turity				MANAMANANANANANANANANANANANANANANANANAN
PHYSICIAN; The law requires the ending physician. this certificate has been signed be burial-transit permit. Then ples at Menial Hygiene prior to burial darkem 18 shaws any injury, ar	CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OV 190 DATE OF OPERATION 7 / 27 / 82 PDA (2) 1/12/83 TVa() 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE	19b. CON 19b. CON 19b. TIME 21b. TIME HOUR	DITION FOR WE	LUNZ DIS	N WAS PERFORMED	20a AUTOPSY? 20	Ib. IF YES, I CERTIFY YES	WERE FINDIN	IGS USED
OR ATTENDING e haspital or oth DIRECTOR: After ched for use as the Oept. at Health or frem 21 is marke	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hasp sow the deceased alive or above. (1) (we) (did) (did no 22b. SIGNATURE)	(AT HOME !	16 440pm	om Tune	211 LOCATION STREET 19 83 and that in my (our) opinion DEGREE ATTENDING	MEDICAL STAFF	and hour	OUNTY 9 5 , 1 ond from the c	
TO HOSPITAL (TO FUNERAL I should be deto with the Store I IMPORTANT: H		22d PHYSICIAN'S NAME (TYPE OF THE SURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	A			PHYSICIAN E 224 ADDRESS Dept of Pa EMETERY OR CREMATORY Come tery	Denton Director Division	me H	ine County	Hospital o. Ma''
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FI	INERAL DIRECTOR		ADDRE	155	U	REC'D. BY REGISTRAR 256 N 2 7 1983			

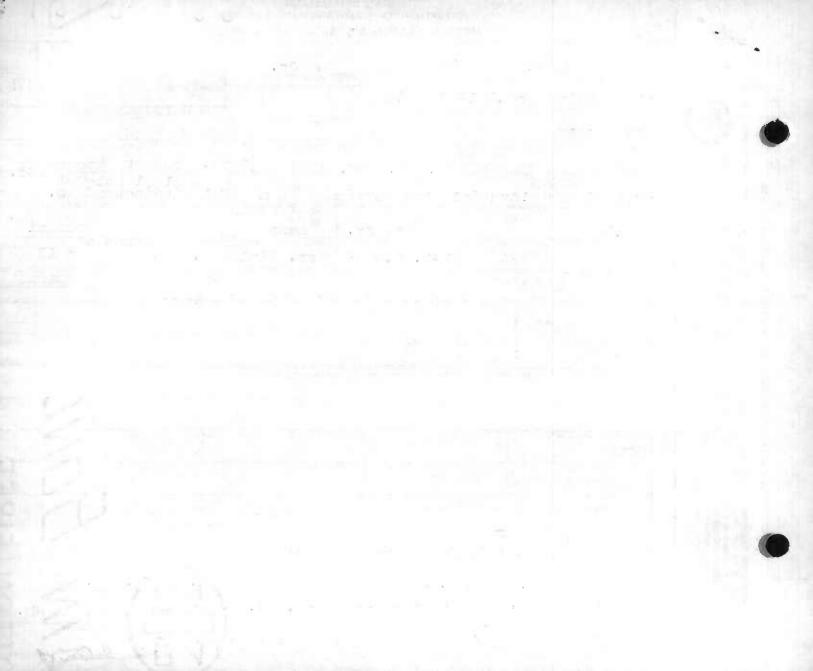
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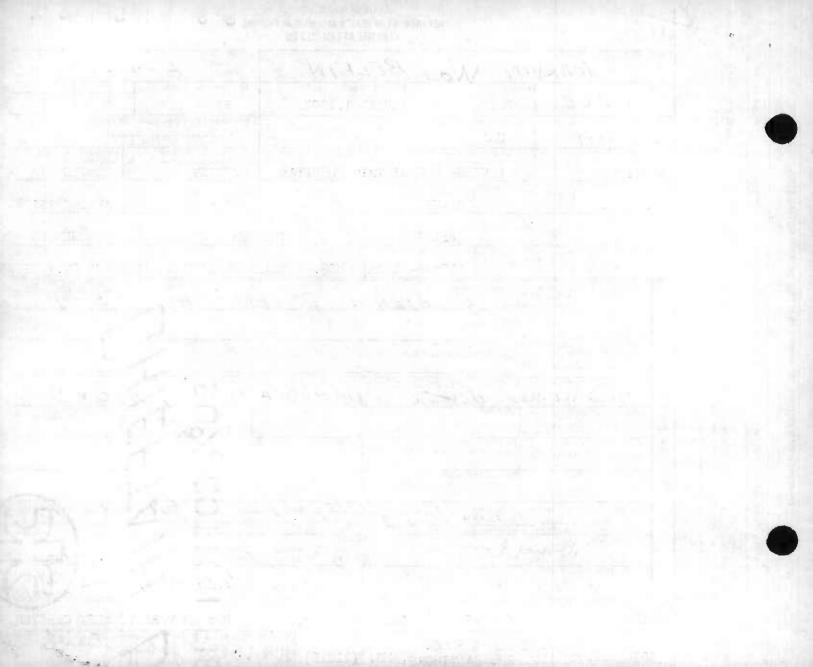
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STATE OF MARYLAND



5	1.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	5 1 6 2
be 3		CEASED NAME FIRST MAR	VIN V	VOLF BE	LKIN	20. DATE OF DEATH MONTH	-83 11 A.N
ge 4 may be ertor, page after deat	3. SE	MALE.	4 RACE WHITE	S. DATE	L 1,1902 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 81 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
deoth. Poge	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	IAT COUNTRY? 8. MARRII WIDOW	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE C	
by the by	B	ALTIMORE	LEV IN	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS) DALE GERIATR		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE DENTIST	12b. KIND OF BUSINESS OR INDUSTRY DENTISTRY
124 hours	USU 13a M	AL RESIDENCE (IF NURSING HOME OF STATE 131 COL	DROTHER INSTITUTION GIV JNTY 13	e residence before admission (. CITY OR TOWN BALTIMORE	13d INSIDE CITY LIMITS? YESX NO [13e STREET ADDRESS 6001 PARK HEIGH	rs AVE. (21215)
red withir and 2 s		ATHER'S NAME FIRST HARLES	MIDDLE	BELKIN	15. MOTHER'S MAIDEN NA FIRST UNK	NOWN	UNKNOWN
on and co		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	b. SOCIAL SECURITY NO. 075-36-0292A	MRS. BARBA	ADDRESS RA EHRLICH 3 FAL	LSHIRE CT. (2113
hat the death certificate be exectly by the attending physician and ase remove carbangapers. Pages I, cremation, ar removal.	>	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR A	S A CONSEQUENCE OF	4L PNEL	MONIA.	5 days
on. has been signed has been signed permit. Then ple ene prior to burions ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT ACTOR 19a DATE OF OPERATION	ner's di	TRIBUTING TO DEATH BU SEASE ON FOR WHICH OPERATION	DEHYDRA	IN CERTIF	EN IN PART 1/0 S. WERE FINDINGS USED YUNG CAUSES OF DEATH? S. \(\text{NO} \)
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IL OR ATTENDING PRING Position of the hospital or other the UnRECTOR. After the elached for use as the te Dept. of Health and it if them 21 is marked.		WHILE AT WORK 220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did received to the same above).	10:55 19W	6/11/19 8 3	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	death accurred on the date and hou	1983, that W (we) lost rand from the causes stated 221. DATE SIGNED 6/11/83
TO HOSPITAL retained by the TO FUNERAL should be detained with the State IMPORTANT: I	22-	22d. PHYSICIAN'S NAME LIVE	1.W.	TUN	276 ADDRESS Levin	dale Museria	Ifone Batto
BP	BI	BURIAL, CREMATION, REMOVA URTAL	6-13-8	3 KING D	AVID CEM.	PUTNAM VALLE	Y, OWEST CHESTER
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR SOLL IN NAME 6010 REISTERSTO	VINSON &	BROSerss	(21215) JUN	TE REC'D. BY REGISTRAN REGIST	RANG SHOWLING

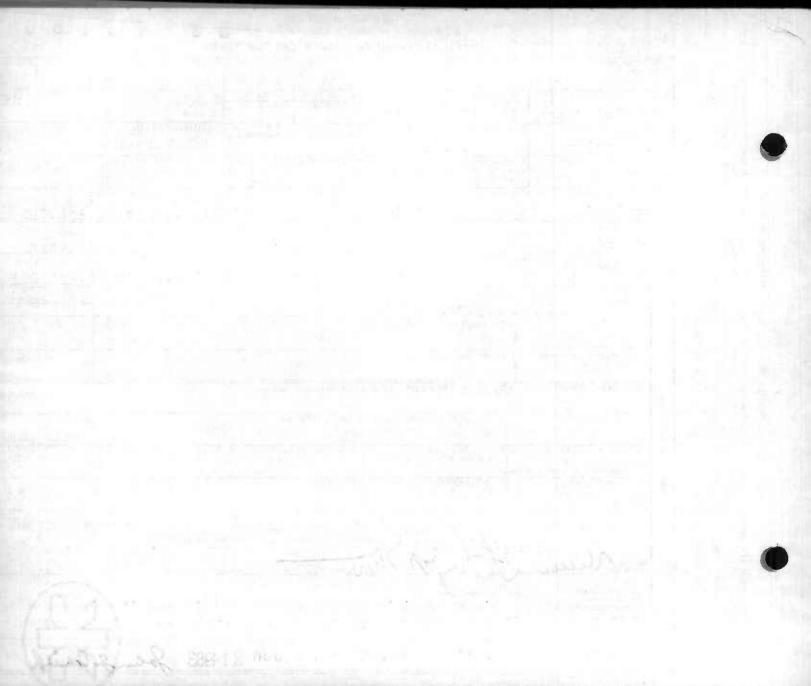


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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS A	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE M	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 3	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES I AND 2 SHOULD BE PLEED	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS.	BAILTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	
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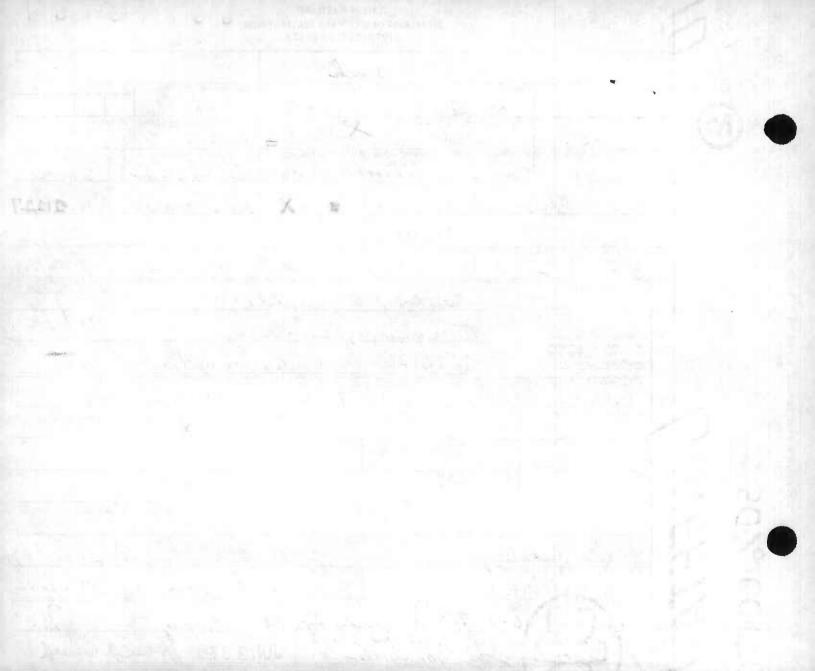
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7			y that I took charg	ic An	Accident		Autap vicide	, Homi	istan	Unde	Inquiry termined in	nanner],	DATE SIGNED	6,	/20/3 1201	83
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completely 1 and 2 sh	1	Stephen	MIDDLE Siable		MIDDLE	LAST
te be execution and control of the medico		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SE 1/4-09	1-6343 Orga mele	De - 3004 S. He	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the death certificate signed by the attending physic hen please remove carbon pape to buriol, cremotion, or removal liury, or other troumotic event, it	Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF A CONDITIONS CONTRIBUTING TO	DUENCE OF NA SCAVE DIENCE OF SENIE Shock - CO DEATH BUT NOT RELATED TO THE TI	tion, impley Vertrices erminal disease or condition Necrosis	
on. hos been t permit. T ene prior i	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \textsquare NO \textsquare
PHYSICIAN: Ti ending physici this certificate he buriol-transis and Mental Hygi d or frem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OFFICE OF DESTRUCTION OF CONTRIBUTION	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CURRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2) COUNTY STATE
ATTENDING speitol or official or official or official official official official or offici	<	sow the deceased alive as above, (I) (we) (did) (did no	oitol) ottended the deceosed from	53, and that in (my) (our) opin	ion death accurred on the date an	, that (1) (we) los and haur and Irom the couses stated
by the EERAL DIII		226. SIGNATURE OL SC 226. PHYSICIAN'S NAME (TYPE	OR PRINT)	DEGREE ATTENDING PHYSICIAN 228. ADDRESS	DIRECTOR PHYSICIAN	
TO HOSPI retoined & TO FUNE should be with the S		Olga Mele BURIAL, GREMATION, REMOVAL REPECIEY) WILLE	ndez 1 23b. Date 6-28-1983	NAME OF CEMETERY OF CREMATOR	POUT A Hara	VET ST. BE/A
DHMH - 16 50M 4/82		UNERAL DIRECTOR	ADDRESS!		DATE REC'D. BY REGISTRAR	EGISTRAR'S SIGNATURE





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(VRA 15, 4)

407 Roanoke Drive 21228 Eckhardt 17 INFORMANT Crystal Lake ADD Thrtle Beach S.C. 29577 Mr. Richard P. Bentz, Jr., Blk 39, Lot 17 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Ob. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY that in (my) (appinion death occurred on the date and hour and from the causes stated 24 FUNERAL DIRECTOR 1630 Edmoncson Avenue, Catonsville, Md 947F, PEC'D. BY REGISTRAR 256. PGISTRAR'S SIGNAT DHMH - 16 50M 4/B2 Witzke Catonsville Funeral Homes, P.A. 21228

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

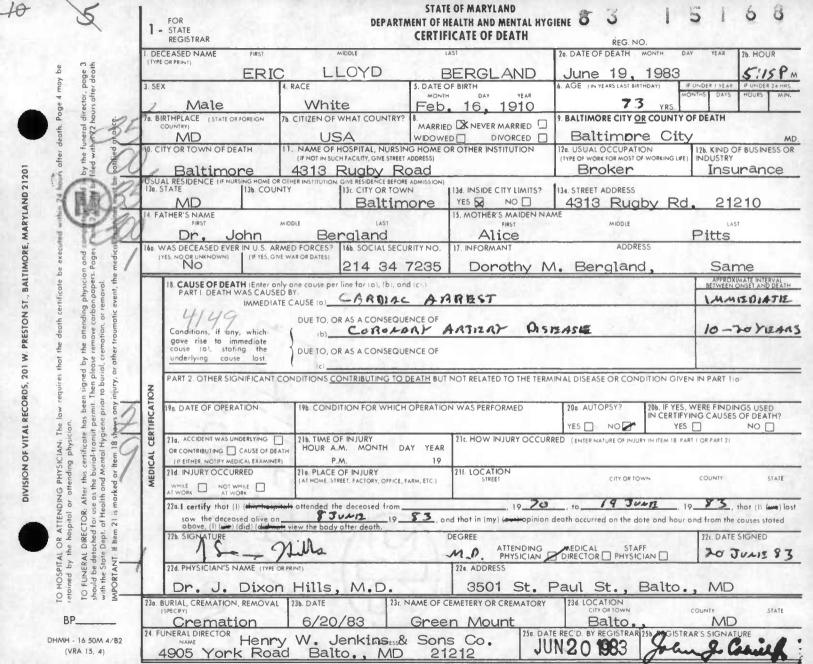
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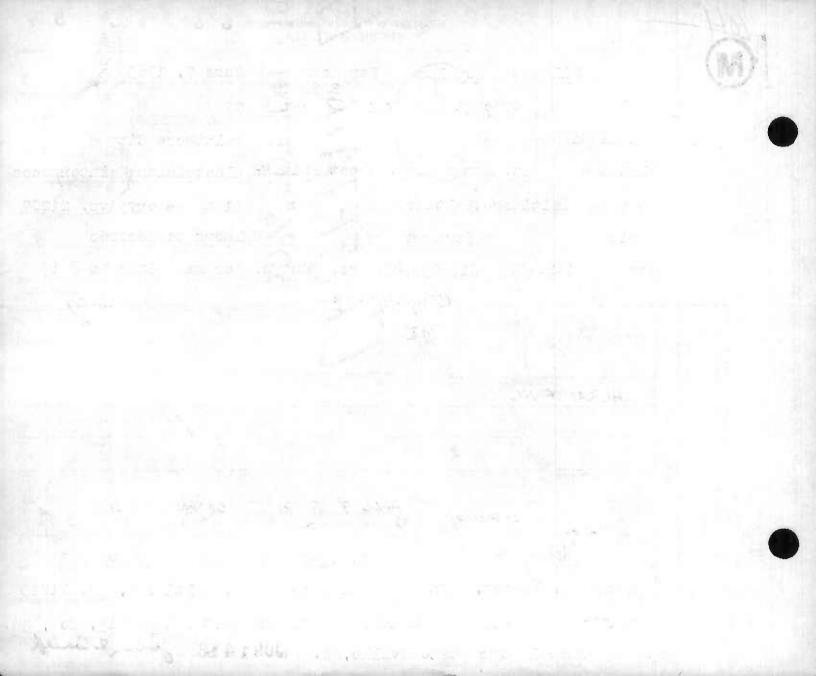
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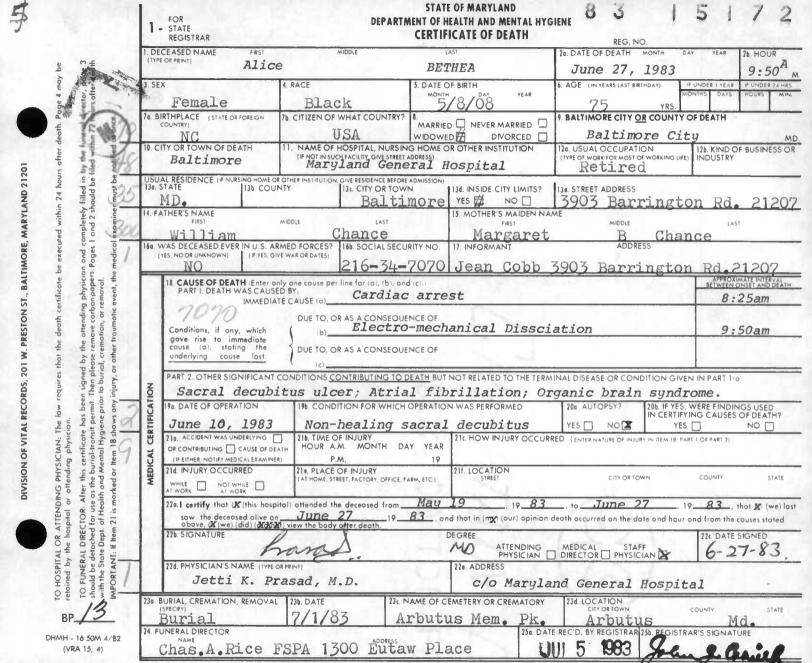
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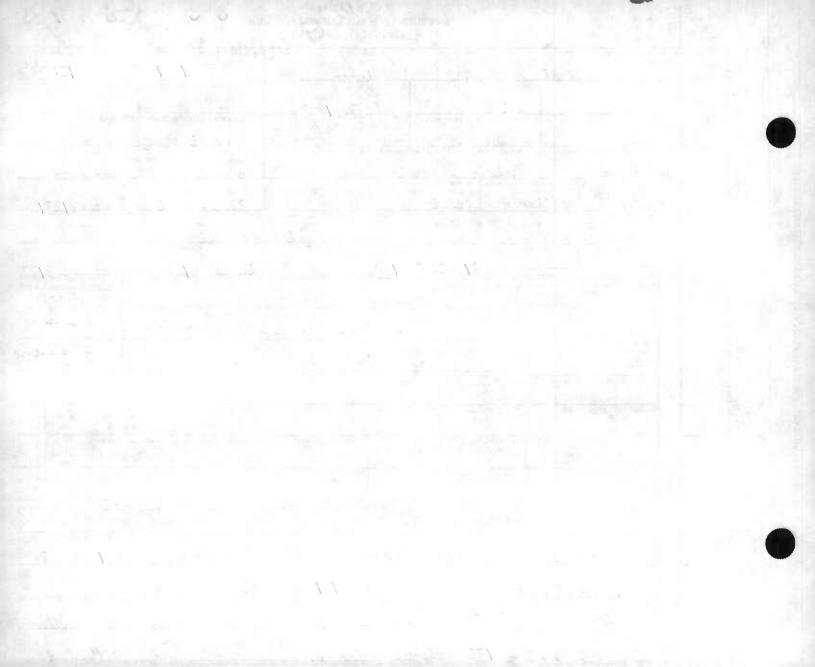
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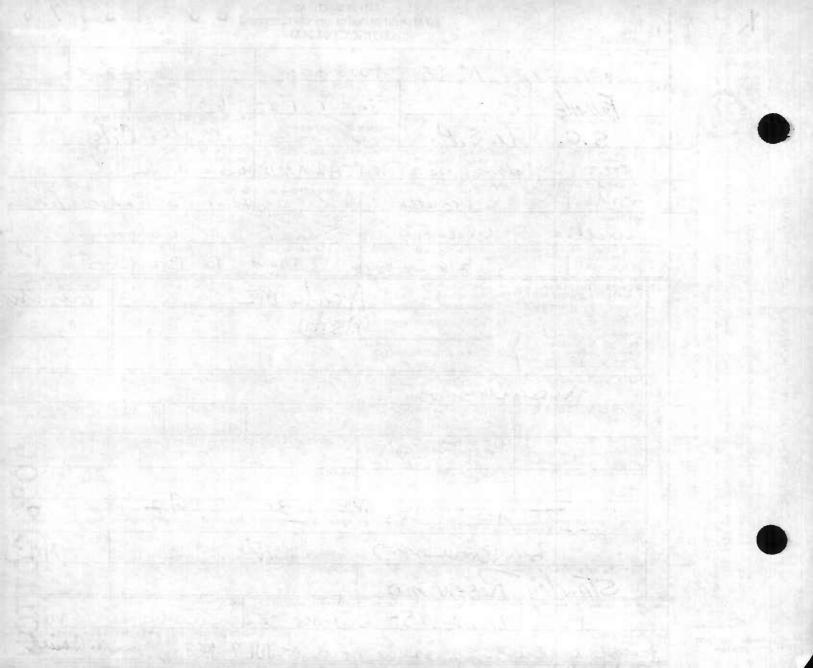
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		Male	Whi	ite	монтн 4	1°2 YEÔ8	75	YRS.	AYS HOURS MIN.
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K	10. CT	YORTOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET Agnes Hos	NG HOME OF ADDRESS) Spital	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Teacher		ID OF BUSINESS OF TRY
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5	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LACY
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1		(AS DECEASED EVER IN U. ES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES. GIVE WAR OR DATES)	166. SOCIAL SECU		17. INFORMANT Bro.Francis	Schroepfer 10		29 ton Ave.
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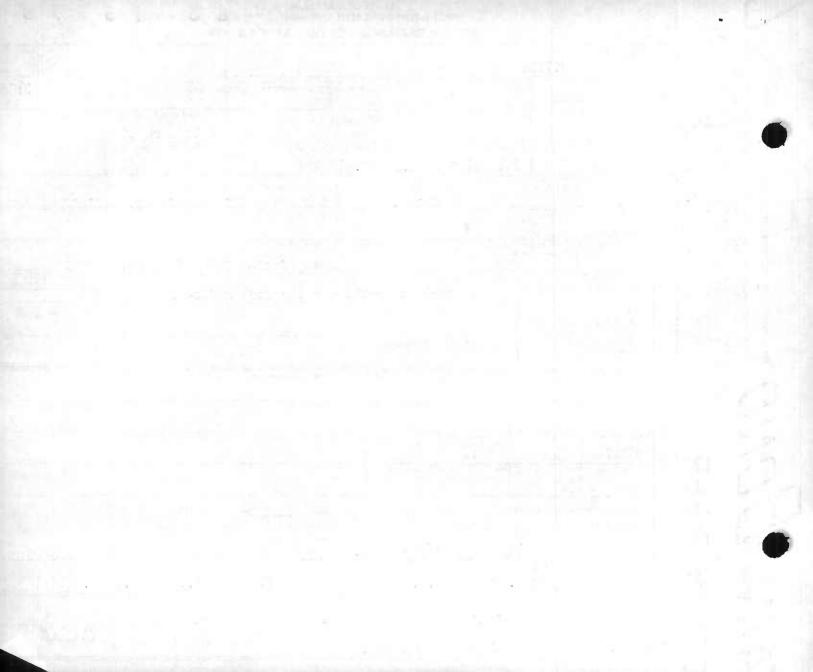
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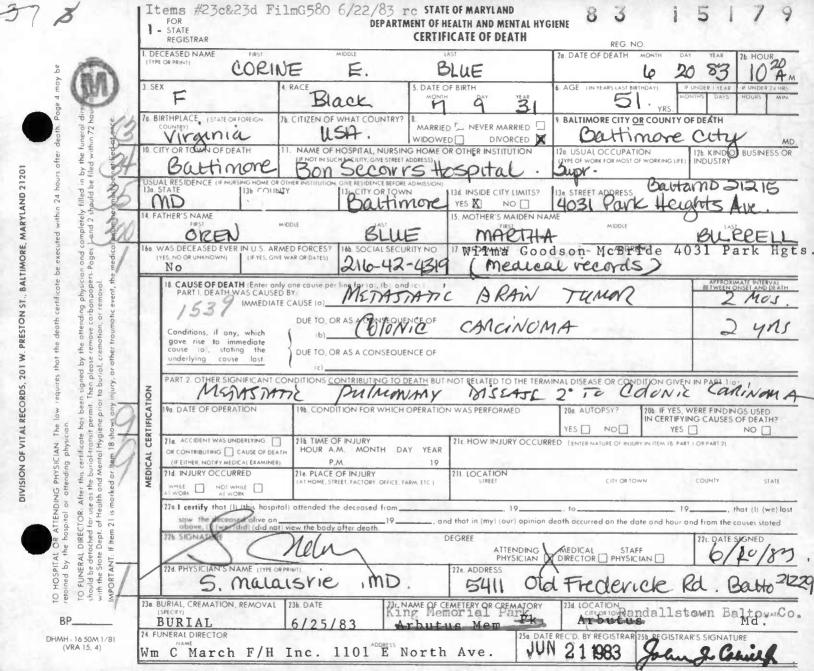


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n ond cor Poges 1	160 \	NAS DECEASED EVER IN U.S. A		24-2722	Mrs. Faye W.	Blanchard, So	S	
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F	18 CAUSE	OF DEATH (Enter	anly ane c	ause per line f	ar (a), (b),	and (c).)							APPROXIMA BETWEEN ONS	TE INTERVAL
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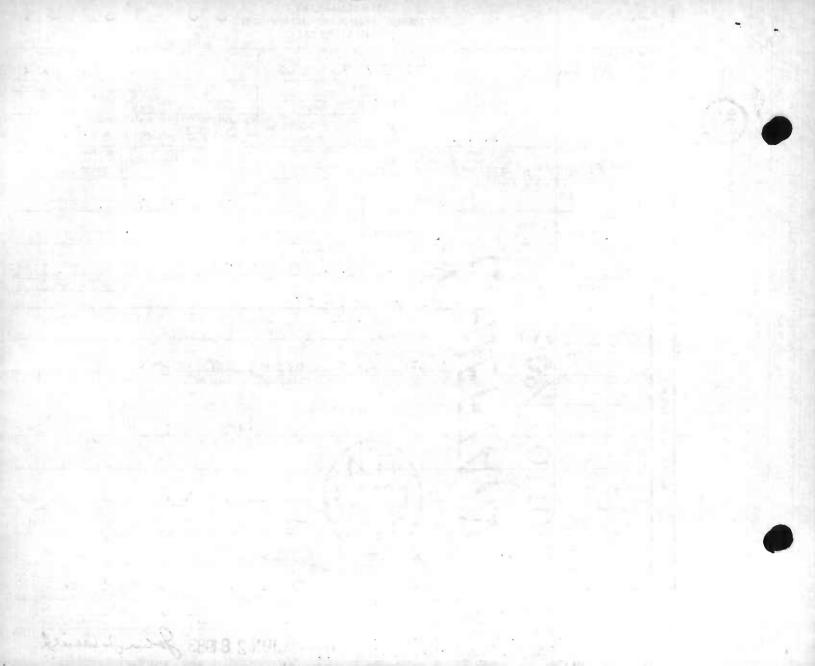


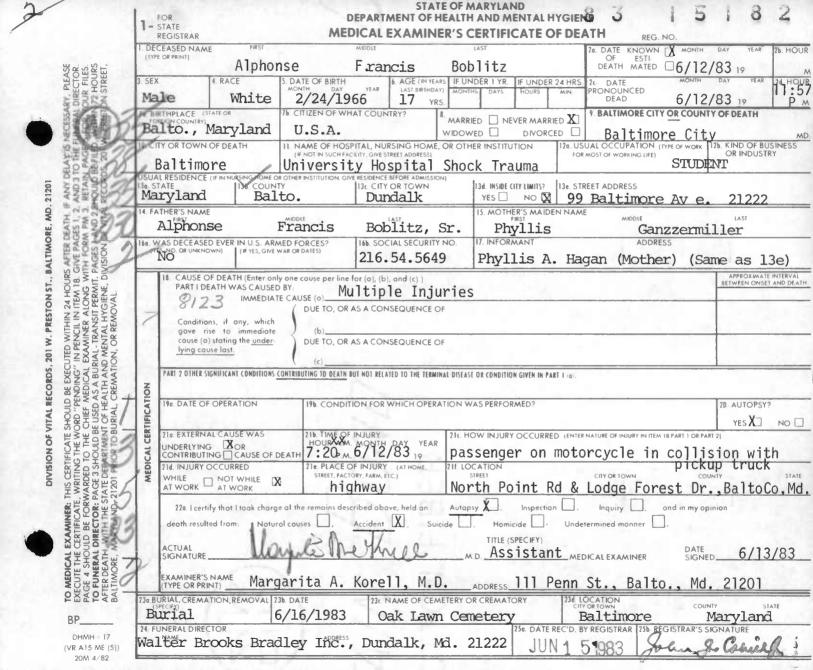


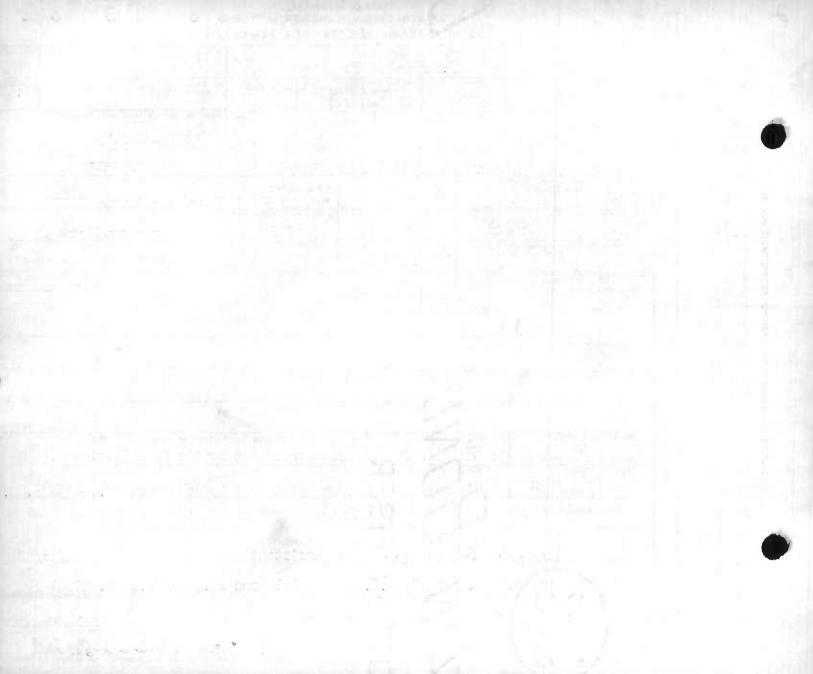
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and	2	Male !	PACE	5. DATE OF BI	15 / 3 YEAR	6 AGE (IN YEARS LAST BIR	RTHOAY) IF UNDER 1 YF. MONTHS DAY YRS.	
1 30 A	1	COUNTRY	CITIZEN OF WHAT COUNTRY?		NEVER MARRIED 🗍		OR COUNTY OF DEATH	
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(VRA 15, 4)	6	FUNERAL DIRECT SOL LEVIN 010 REISTERSTOWN	SON & BROS INC RD. BALTIMORE, M	ÍÅRYLAND	21215 JUN	2 8 1983	John & Co	will

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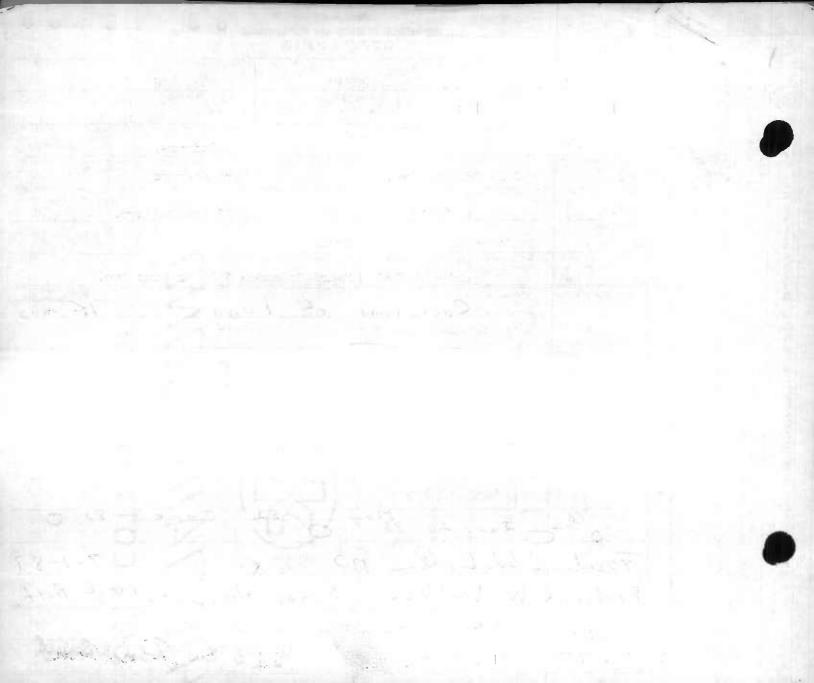
STATE OF MARYLAND

1	- STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH		
1	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH M	NONTH DAY YEAR 26 HOUR
L	LANE	S.	BOHANNON	:=:	6 30 83 M
3	male	Black	5. DATE OF BIRTH MONTH 2 1 30	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
Ta d'a	** BIRTHPLACE (STATE OR FOREIGN Amphell, Ohio	7b. CITIZEN OF WHAT COUNTR USA	MARRIED MEVER MARRIE		COUNTY OF DEATH
t	© CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR: 5012 Arbutus	WIDOWED DIVORCES SING HOME OR OTHER INSTITUTION EET ADDRESS) V		N 126 KIND OF BUSINESS OR
	JSUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEF NTY 130 CITY OR TO Balto	YES X NO [5012 Arbuti	is Ave. 21010
	4. FATHER'S NAME FIRST R ehne	Bohannon LAST	Is MOTHER'S MAIDI	MIDDLE	LAST
1		E WAR OR DATES)		ADDRES	
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L	PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), D BY:	and (c)	1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR 19 21t. HOW INJURY O	CCURRED (ENTER NATURE OF INJURY	
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E. FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	N COUNTY STATE
	220-1 certify tha This hospit saw the deceased a paobee, (Dwe) (did) that no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF	W. Wall	DEGREE ATTENDI PHYSICI	NG MEDICAL STAFF	
23	30 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMAT	CITY OR LOWN	COUNTY STATE
	Burial 4 FUNERAL DIRECTOR LEROY ^{MO} . DYETT 46	7/5/83 M. 00 LIBERTY HGTS	aryland Vet. Cem	Crowns ville Date recid. By registrary JUL 6 1983	A CONTRACTOR OF THE PARTY OF TH

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detached for use as the burial training permit. The with the State Dept. of Health and Mental Mysters prior to the TO FUNERAL DIRECTOR: After this certificate has be

IMPORTANT: If Item 21 is marked or Item 18 in



24 FUSCHIMUNEK Funeral Home, Inc.

3331 Brehms Lane, Balto.Md. 21213

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

- STATE

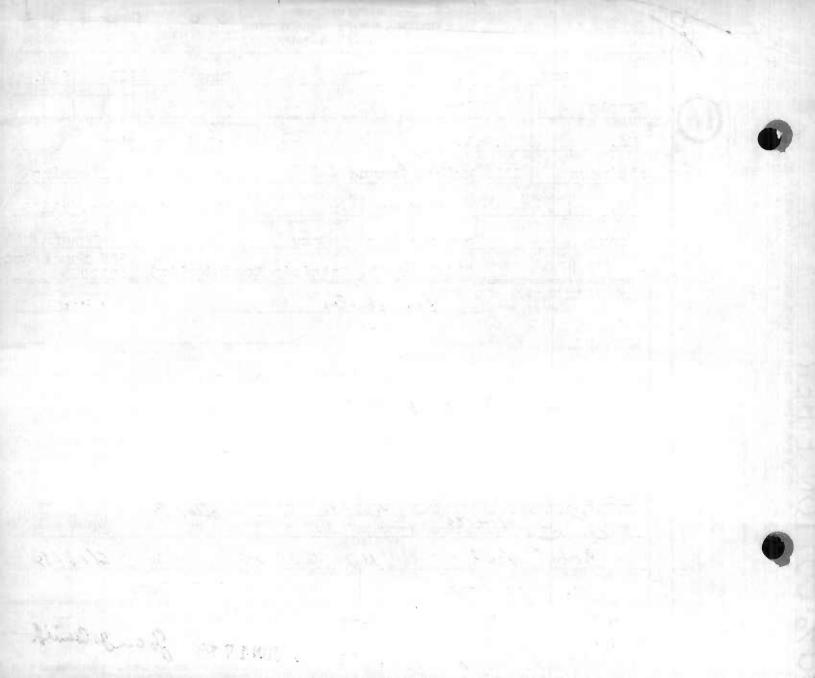
REGISTRAR

STATE OF MARYLAND

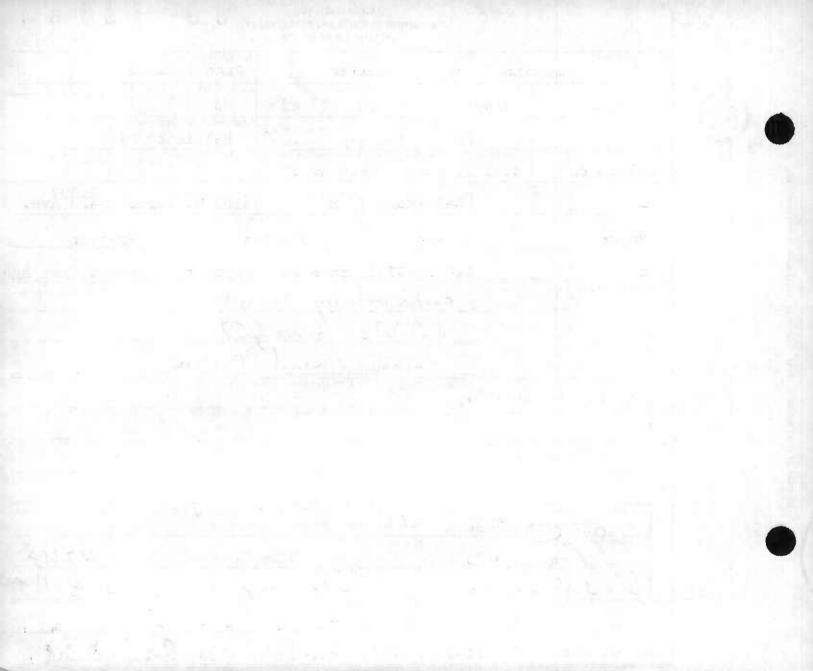
DEPARTMENT OF HEALTH AND MENTAL HYGIENI

CERTIFICATE OF DEATH

REG. NO



(VRA 15, 4)



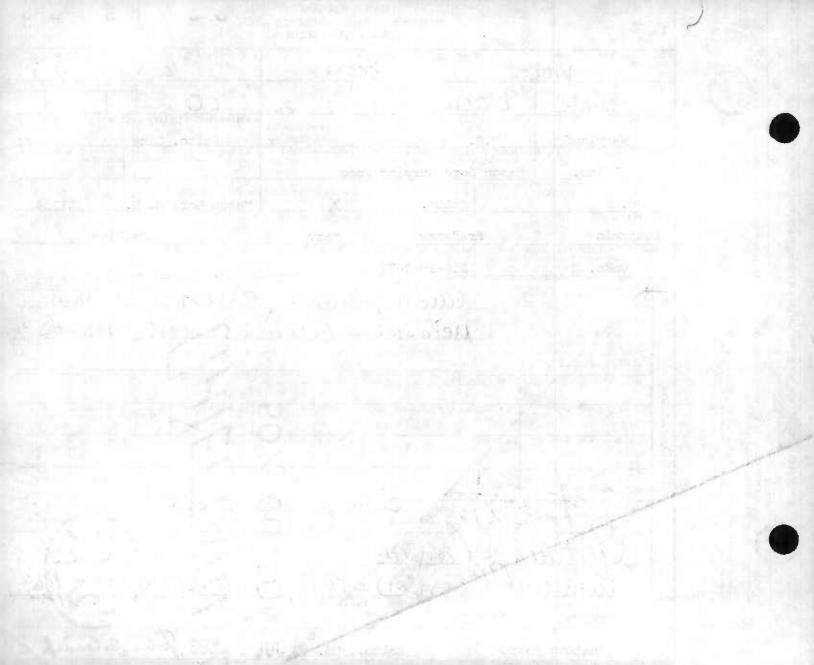
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR - STATE

REGISTRAR



medical

other traumatic

MPORTANT: If them 21 is morked or them 18 sho

STATE OF MARYLAND

LAST

BORMUTH

5. DATE OF BIRTH

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

19

YES F

Bimma

REG. NO 20. DATE OF DEATH 2b. HOUR 6 83 10 3:50P.M IF UNDER 1 YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTHS DAYS HOURS 55 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto. City DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFEL ACCOUNTANT Fide INDUSTRY ity- Deposit 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Larydell Rd. NO [15. MOTHER'S MAIDEN NAME ? MIDDLE LAST Driver

	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 216-10-4315	Mrs. Helen V.	S. Loudon	Nve. 21229 to. Md.
	PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c),) BY: CAUSE (a) Metastatic	Small cell	ca of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	the lung		
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
NOIL	@ Congesti		@Chronic	obstruct	ive lung diseas
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FTNDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\square\) NO \(\square\)
-	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN COUNTY STATE
	220. I certify that (I) (this haspite sow the deceased alive on abave, (I) (we) (did) (did not	6/10 19 83 .	nd that in (my) (our) apinion de	. 10	te and hour ond from the causes stated
	22b. SIGNATURE Bethi	your	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
	22d PHYSICIAN'S NAME (TYPE OR	YOUSIF	200 €	MES HOSP ATON AVE	nne 21229

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

(SPECIFY)

230. BURIAL, CREMATION, REMOVAL

Burial

STATE

. DECEASED NAME

TYPE OR PRINTA

3. SEX

REGISTRAR

FIRST

F

To. BIRTHPLACE ISTATE OF FOREIGN

isbon. Md.

Balto.

14 FATHER'S NAME

10. CITY OR TOWN OF DEATH

Md.

E. Watkins

ALICE

13b. COUNTY

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

W

W

U.S.A.

Th CITIZEN OF WHAT COUNTRY?

St. Agnes Hosp.

Warfield

Balto.

23b. DATE June 23c NAME OF CEMETERY OR CREMATORY New Cathedral

23d. LOCATION Balto Cem

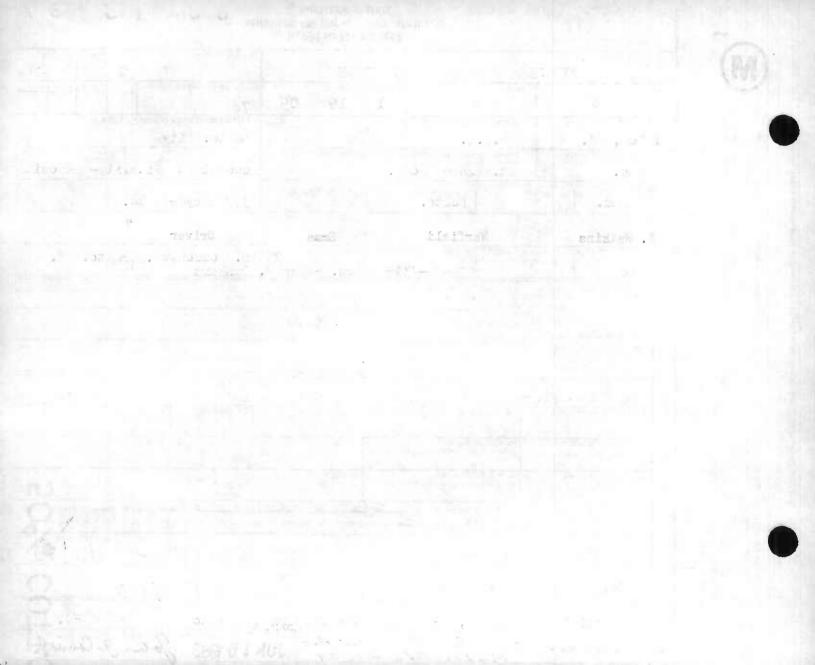
COUNTY

Md.

24. FUNERAL DIRECTOR G. NAME TRUMBN Schwa ADDRES 512 FRED AUF Ned. 2/229

JUN 1 6

25a. DATE REC'D. BY REGISTRAR



CONTRACTOR OF THE PROPERTY OF THE PARTY OF T A CONTRACT OF THE STATE OF THE R Defray in Unit 120 force of the homeway the state of

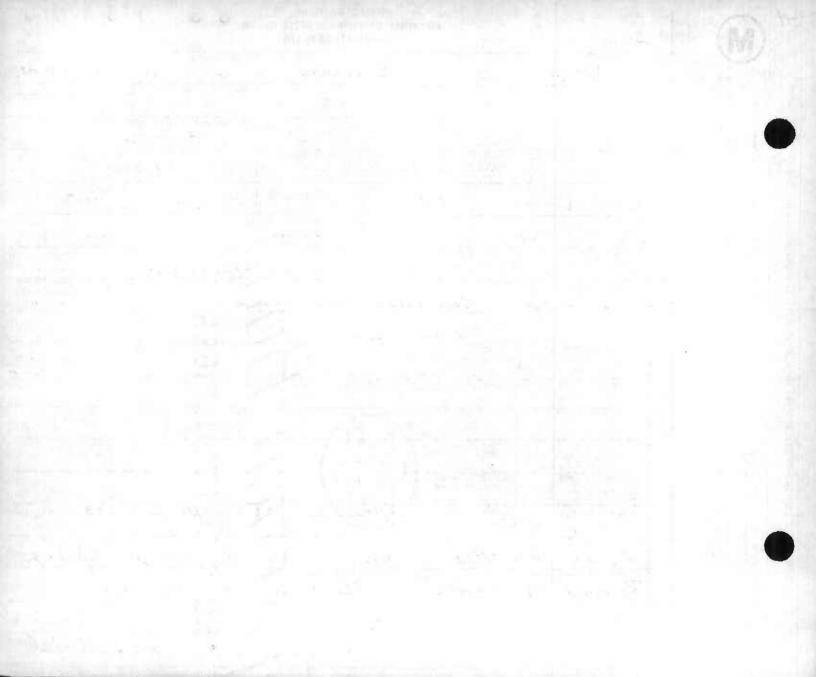
Wm. C. March F/H 1101 E. North Ave

(VRA 15, 4)

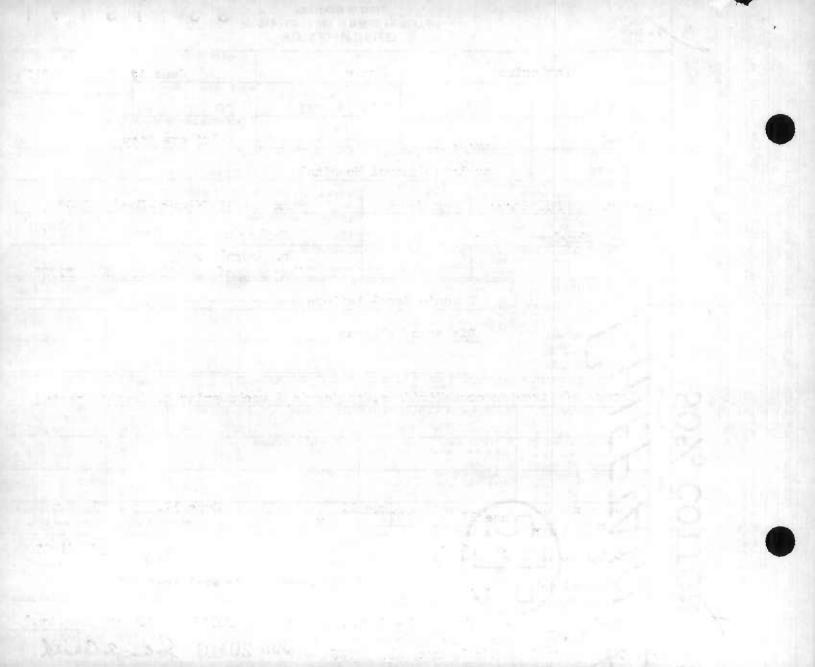
or opening the property of the second

Walter Brooks Bradley, Inc., Dundalk, Md. 21222

(VR A 15 (4))



(VRA 15, 4)



V. 1	1-	#18,21a,b	,c,d,e 82 8/9	/83 kam_	DEPARTMENT	OF HEALTH	MARYLAN H AND ME	ENTALH		3	15	1	9	2
O.	I. DEC	REGISTRAR CEASED NAME E OR PRINT)	FIRST		MIDDLE MIDDLE	MINER'S	LAST	CATEO	F DEATH	REG. ATE KNOWN OF ESTI- ATH MATED	TINOM , MONTH	DAY	YEAR	2b. HOUR
DIRECTOR. OUR FILES. IT HOURS ON STREET,	3 SEX		BRUCE	5. DATE OF BIRTH	YEAR LAST	AMBLE (IN YEARS IF UIT MONT		IF UNDER	24 HRS. 2c D	ATH MATED	MONTH	6-839	YEAR	2d. HOUF
922	70 BI	RTHPLACE (STATE OR		76. CITIZEN OF WE		YRS.	IED NEV	VER MARRII	D 0.00	LTIMORE CIT		16-839 TY OF DEA		5.25
4//		MD. TY OR TOWN OF DE	ATH	II. NAME OF HOS	CILITY, GIVE STREET ADD	RESS)	HER INSTITUT	DIVORCE	12a. USUAL OC	WORKING LIFE)	TYPE OF WORK		OF BUS	
1.		LTIMOTE LRESIDENCE (IF INN	136 COUNT	OTHER INSTITUTION, GIV Y	13¢ CITY OR TO	DMISSION) WN	tal 13d. INSIDE CI	TY LIMITS?	13e STREET AD	DENT-I		2161	13	
Cin		MD. THER'S NAME FRST		MESTER	CAMBRI		FH	R'S MAIDE		3 LEE		LAST		
74	16a V	VAS DECEASED EVE 5, NO, OR UNKNOWN)			BRAM	CURITY NO.	17. INFORM		a artina	ADDRE	ESS	BRAME	3LE	
		NO 18 CAUSE OF DEA PART I DEATH V	ATH (Enter anly WAS CAUSED	ane cause per line	219-70 far (a), (b), and (c) esiprami). [RENTS	S - IT	EM #]	1.3	APPRO BETWEEN	XIMATE I	INTERVAL AND DEATH
AL, CREMATION, OR REMOVAL.		Canditians, if gave rise ta cause (a) statin lying cause last	any, which immediate ig the <u>under</u>	(b)	AS A CONSEQUE	NCE OF								
-	CERTIFICATION	PART 2 OTNER SIGNIFICA			ION FOR WHICH				(T) (a)			20 AUT		
3	AL CERTIF	210 EXTERNAL CAL	OR	21b. TIME OF HOUR A.M	MONTH DAY	YEAR	ow NJURY		D (ENTER NATURE)	OF INJURY IN ITEM	18 PART 1 OR PA	YEX	X	NO []
	MEDICAL		RRÉĎ T WHILE MORK	21e PLACE C			STREET Le	e Driv	ve, Cam	bridge.	Dor.co	unty Mo	d.	STATE
		22a. I certify that death resulted from ACTUAL SIGNATURE		af the remains des	cribed abave, held	Suicide XX	TITLE (SF	PECIFY)	Undetermine	d manner	and in my of , DATE SIGNE		7-8	3
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		EXAMINER'S NAME (TYPE OR PRINT)		garita A.			ADDRESS_		Penn St					
3	(5	JRIAL, CREMATION, PECIFY) BURTAL JINERAL DIRECTOR		6/19/83		MEM.		ORY		BRIDGI	E DO		MD	TE •
))		PHOMAS F	UNERA	L HOME	CAMBRI	DGE MI		JON	5°8'198	3	36	Call	41	

W Browlt a secretary W 17 C2 TI S 17 C2 Cotes and Alexander of the African of City In threatening 2007 Markeyn American Company MULLIAN -- EVANDT LANGE -- (CHRENOUN) No - 212 14 7122 De Leger Gunning and Street Bland and THE POST CONTRACTOR AND THE the state of the second section of the second The second of th Carrier Day June 15, 112 November of the Contract Many 21 No English English Contract of the Market State of the war with market and the state of the series

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-10 1		OR TATE				H AND MENTAL		1 3	1 7	Gal
¥		EGISTRAR FIRST	WEL	MIDDLE XAM	INEK'S	CERTIFICATE	, KE	EG. NO.		
		OR PRINT)				LAST	20. DATE KNOV OF EST	J. #-4		
		Mar		nigunda		andt	DEATH MATE	0	26 1983 DAY YEAF	
	EX.	4 RACE	5. DATE OF BIRTH	YEAR 6. AGE (III	THDAY) MONT		R 24 HRS. 7c. DATE MIN. PRONOUNCED	МОМТН		110.7
•	_	nale White	5 25		YRS.		DEAD	6	26 1983	D. A
1.	FOR	THPLACE (STATE OR	76 CITIZEN OF WH	IAI COUNTRY?	MARR	RIED NEVER MARI		_		
	B		U.S.A	•		VED XX DIVOR		ore Cit	1	M
		Y OR TOWN OF DEATH	11. NAME OF HOSI	PITAL, NURSING HO	SS)	HER INSTITUTION	12a. USUAL OCCUPATIO FOR MOST OF WORKING LIS		OR INDUS	TRY
		Baltimore		amaritan		tal	Housewor	k	At Hon	ne
g.	ST	ATE 13b. COL		113c CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
		ryland —		Baltimo	re	YES NO	- DO HUMA	ton Ave	nue 2/2	14
ì	.FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAID	DEN NAME MIDDLE	0	LAST	1,000
		John		Goetz		(unigur			enneier	
ò	o. W	AS DECEASED EVER IN U.S. (IF YES, G	ARMED FORCES?		RITY NO.	17 INFORMANT		DRESS	6.4	/
	_	No -		216-48-	2803	yeonge L	orden 522 S.	Streep		1224
		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	CED BY						APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND DEATH
			TATE CAUSE (0) HY	pertensiv	e Card	diovascular	r Disease			
		7021		AS A CONSEQUENCE	CE OF					
		Conditions, if ony, whi gove rise to immedia								
	8	couse (a) stating the und lying couse lost.	er- DUE TO, OR	AS A CONSEQUEN	CE OF					
		Tyling Coose lost.	(c)							64.11
		PART 2 OTNER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE 1	TERMINAL DISEA	SE OR CONDITION GIVEN IN P	ART I (a)			100
-	o									101
	CA	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH O	PERATION V	VAS PERFORMED?			20. AUTOPS	Y?
	CERTIFICATION								YES [NO 🛛
		210. EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M.		EAR 21c. H	IOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR P.	ART 2)	7
	CAL	CONTRIBUTING CAUSE C	DE DEATH P.M.	19						
	VEDI	214 INJURY OCCURRED		OF INJURY (AT HOME		CATION STREET	CITY OR TOWN	CI	DUNTY	STATE
	2	AT WORK AT WORK					20.00.10.03			011116
2 3	MEDICAL	WHILE AT WORK AT WORK 229 I certify that 1 600 ch	STREET, FACT	ORY, FARM, ETC.)		STREET	on XX Inquiry ,	ond in my o	pinion	
		ACTUAL A Up.	100	has the	MALO	TITLE (SPECIFY)		DATE	6 27	07
	1	SIGNATURE WELL	us y	sugar.	1000	A.D. Assistan	MEDICAL EXAMINER	SIGN		02
		EXAMINER'S NAME D	ennis F. Sm	yth M.D.		11	Penn Street			
		(TYPE OR PRINT)	ennis F. Si			ADDRESS				
	o.Bl	RIAL, CREMATION, REMOVA			CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	1.00	pets.	STATE
		Burial	6-30-83	Oak .	Lawn (emeteru	Eastwood	Baltal	Ca-Md	
2	4 FL	NERAL DIRECTOR	ADDRESS				REC'D. BY REGISTRAR 756	A COLUMN TO A STATE OF THE PARTY OF THE PART	ASSERTIME.	
	(1	rarles S. Zei	ler & Son I	nc. 901 S	Conk	ling St JU	N 29 1983	Jalan !	Se Capiel	ul

1.73 19 19 19 19 19 The source medicine of the second sec reingreitif dan ien track THE AREA TO Secrete Lowlon FEE . Schooling Land 16 1/2015 The state of the s

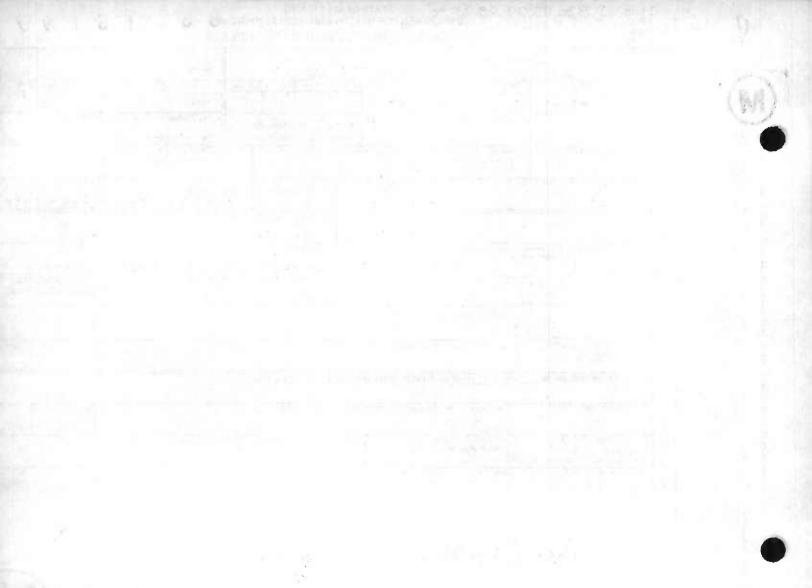
20. DATE OF DEATH MONTH DAY YEAR 26. HOU 5 1 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 1 YEAR OWN HOURS
6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS
MONTHS DAYS HOURS
9. BALTIMORE CITY OR COUNTY OF DEATH
Baltimore City
128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Machinist 128. KIND OF BUSINE INDUSTRY Box Co.
13. STREET ADDRESS 5348 Patrick Henry Dr. (21
MIDDLE Branham
ADDRESS (21225
ranham 5348 Patrick Henry Dr
MINAL DISEASE OR CONDITION GIVEN IN PART 1:01 200. AUTOPSY? 200. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES \(\text{NOT} \) YES \(\text{NOT} \) OF \(\text{NOT} \)
YES NO YES NO RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
CITY OR TOWN COUNTY S
n death occurred on the date and hour and from the couses sto
MEDICAL STAFF DIRECTOR PHYSICIAN
those tal Salk M
23d LOCATION COUNTY S Brooklyn A A M

La realization of the realizatio · ARA elthouse a recht an der de la landing de landing associate a secondario a representation of the contract of the marines. Cooper. Compt. 1.1 HOUR ELECTION OF THE PROPERTY OF THE PROPER

62	1	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO			
1		CEASED NAME FIRST	MIDDLE	i.	AST		MONTH DA	Y YEAR	26 HOUR
10 de	TIAM	BEKTH.	a Crews	BR	AXTON		6 13	3 83	6:10 P
	3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
INTE		-	В	12	22 20	62	YRS.		
MARKO	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY). Igusta, Ga.	76 CITIZEN OF WHAT COUNTR	Y? 8. SED .	NEVER MARRIED	9. BALTIMORE CITY O		OF DEATH	
1/1		IYUSTA, GA.	USA	WIDOWE		BALTIN 120 USUAL OCCUPATI		-174.	MD F BUSINESS OR
# #XX	10 C		(IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	K OTHER INSTITUTION	(TYPE OF WORK FOR MOST O		INDUSTRY	L ROSINESS OK
Pe Pe Pe	11511	Baltimore	University H	OSDITAL					
d bluot	130.	Md. 136 COUR	NTY I36. CITY OR TO Balto	NWC	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 3930 Dolf	ield A	ve. 21	1215
d 2 st		ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAS	it
uo 3	_	se	Aki		Elizabethr	Sapp		Pi++	
Poges		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SE VE WAR OR DATES)	CURITY NO.	17. INFORMANT	ADDRE			
S. Po		no l	871 16	2422	Rev. Olin P	Moyd 2320	Reiste	rstown	Rd.
aval.		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly ane cause per line far (a), (b),	and (c).)	Carrion	1			ONSET AND DEATH
reme		0 3 00 IMMEDIA	TE CAUSE (a)	agent.	CAMPIONUI	LMONAKY A.	E12657	5-1	10 mgm
n, or matte		0381	DUE TO, OR AS A CONSEC	DUENCE OF				2-3	weeks
mortio frou	11	Canditians, if any, which gave rise to immediate			<u> </u>			1	MOCC N 3
cren other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF					
a burial ury, ar	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVE	N IN PART 110	a l
permit. The needs of the prior to the prior to the prior to the second of the permit o	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFYI	WERE FINDIN	NGS USED OF DEATH?
rial-transit ental Hygic frem 18 sha	ER I	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR				
Annial-transit Mental Hygie or frem 18 sha		OR CONTRIBUTING CAUSE OF DE.		DAY YEAR	TOTAL TIME				
d We	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		216 LOCATION	CITY OR TO	WN	COUNTY	STATE
rked	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	31861				
lealt s mo			ital) attended the deceased fram	n 4		3 , to 6/1	310	83	that (I) (we) last
21 9		saw the deceased alive an abave, (I) (we) (did) (did no	at) view the bady after death.	8 3, or	d that in (my) (aur) apinian	death accurred an the de	ite and haur o	and from the	causes stated
Dept.		226. SIGNATURE	/ 1.00	D '	DEGREE ATTENDING	MEDICAL STAF		IN DATE	SIGNED.
Z deto		Jella 6.1	recy	•	PHYSICIAN (DIRECTOR PHYSIC		6/1-	5/83
should be deta with the State I		220 PHYSICIAN'S NAME (TYPE OF	KENNED"		UNIVER	sity Hos	P.		
¥ ∜ ≯ ≥ * • •	230.	BURIAL, CREMATION, REMOVAL ISPECIFY) burial	23b. DATE 23 6/20/83	Mary la	emetery or crematory nd Mem. Nat.	Pk. Laurel,	Md.	COUNTY	STATE
16 50M 4/82		UNERAL DIRECTOR			25a DA	TE REC'D. BY REGISTRAR		AR'S SIGNAT	URE .
RA 15, 4)	L	EORY O. DYETT 4	600 Liberty Hgt	s. Ave	.]	IN 151983	John	R.C	smelk

9 1 6 6 6

TYF	E OR PRINT)	Charlie	MIDDLE	LAS	st	2a DATE KNOW OF ESTI-		DAY YE.	AR 26 HOUR
	CHAF			e11(BF		DEATH MATE	D X 6		83 M
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD	EARS IF UNDE	R I YR. IF UNDER 2	4 HRS. 2c. DATE MIN PRONOUNCED	MÔNTH	DAY Y	A* 8:55
	ale Black			RS.		DEAD	6		83 a M
70 B	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIED	NEVER MARRIE	9 BALTIMORE C	ITY OR COUN	TY OF DEATH	
	Florida		S.A.	WIDOWED		00011110			MD
D C	TY OR TOWN OF DEATH		SPITAL, NURSING HOMI	E, OR OTHER	INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING LIFE		12b KIND OF OR INDU	
	Baltimore		ld York Rd.						
	L RESIDENCE (IF IN NURSING HOM TATE 136 COU		13c. CITY OR TOWN		d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	aryland		Baltimo		YES 🔀 NO 🗌	4025 01d	York	Road	21218
4. F/	THER'S NAME	MIDDLE	LAST	15	MOTHER'S MAIDEN			LAST	
	Haywood		Braze1		Bessie			Brown	
60. \	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURIT	Y NO. 17	INFORMANT	ADD	PRESS		
	NO	- Treat Williams	422-07-	9345	Leacy Co	xson 2240	Cecil	Avenu	i e
	18. CAUSE OF DEATH (Enter of	anly one cause per line						APPROXI	MATE INTERVAL
	PART I DEATH WAS CAUS	SED BY:	rterioscler	otic c	ardiovascu	lar disease			
	4212		AS A CONSEQUENCE						
	Canditions, if any, which								
	cause (a) stating the <u>under</u> lying cause last,		AS A CONSEQUENCE	OF					
	lying couse last.	(c)							
	PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL OISEASE OR	R CONDITION GIVEN IN PART	1 (a)			
IO									
CA	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH OPER	RATION WAS	PERFORMED?			20 AUTOF	SY?
-								YES [NOX
04	210. EXTERNAL CAUSE WAS	216. TIME O HOUR A.A	FINJURY A. MONTH DAY YEAI	R 21c HOW	V INJURY OCCURRED	(ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PA	ART 2)	
CERTIFICATION.		F DEATH P.A	A. 19						
	CONTRIBUTING CAUSE O								
	214 INTURY OCCUPPED		OF INJURY (ATHOME,	21f. LOCA STREE		CITY OR TOWN	co	UNITY	STATE
MEDICAL CERT	214 INTURY OCCUPPED		OF INJURY LATHOME,			CITY OR TOWN	co	YTAUC	STATE
		STREET, FAC	OF INJURY [AT HOME, TORY, FARM, ETC.]			CITY OR TOWN			STATE
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220 Certify that I took cho	street, FAC	OF INJURY AT HOME, TORY, FARM, ETC.)	Autapsy	Inspection	X, Inquiry ,	and in my o		STATE
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220 Certify that I took cho	STREET, FAC	OF INJURY AT HOME, TORY, FARM, ETC.)	STREI	, Inspection				STATE
	21d INJURY OCCURRED WHILE AT WORK AT WORK 22a Certify that I took cho death resulted from: Not	street, FAC	OF INJURY AT HOME, TORY, FARM, ETC.)	Autapsy	Inspection Hamicide TITLE (SPECIFY)	Undetermined monner	and in my o	ріпіол	
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y be		CEASED NAME OR PRINT)	Anles	MIDDLE	MAN B	rento		6 26	MONTH DAY	Y YEAR	26. HOUR AM
ige 4 mor	1.5E	MALE	4. RACE	HITE	5. DATE C	E BIRTH	100	AGE THUTTARSPASTED	O YRS.	NIHS DAYS	HOURS AM
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ors offer	C	WAS CIT	4 John	UCH FACILITY, GIVES	0.179n	MUKAL	ank.	120. USUAL OCCUPATION OF WORK FOR MOST COLUMN LAW DEP	F WORKING LIFE)	RAILF	ROAD
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be execu an and c			U.S. ARMED FORCES? F YES, GIVE WAR OR DATES) 05-10-5103		0.5103	GERTRU	DE K. B		ne as 1		
ertificate by physicial and papers.		18. CAUSE OF DEATH (E PART I. DEATH WAS	Enter only one cause p CAUSED BY: MEDIATE CAUSE (a)			sis				BETWEEN	MATE INTERVAL ONSET AND DEATH
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es that the death cert red by the attending I please remove carbon urial, cremation, ar ret , ar other traumatic ev,		gove rise to immed cause (a), stating underlying cause		OR AS A CONSI	QUENCE OF	Tto C	cerab	ralano	elin.		
	NOI	PART 2. OTHER SIGNIFI					A 7	nal disease or con			
The law re ician. The has been sit permit. I giene priar shaws any iu	CERTIFICATION	196 DATE OF OPERATIO 5-3-83	Left	carot:		n was perfoi		20s AUTOPSY?	20b. IF YES, V IN CERTIFY!! YES	WERE FINDIN NG CAUSES I	OF DEATH?
HYSICIAN: T ding physici ding physici burial-transferant mental Hygis Mental Hygis hygis her 18 sh		21a. ACCIDENT WAS UNDERL OR CONTRIBUTING . CAUS (IF EITHER NOTIFY MEDICALI	SE OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	Žic HOW IN,	JURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TIORPART2)	
ING PHYSICIAN: The law requir r attending physician. After this certificate has been sig as the buriol-transit permit. Then ons the buriol-transit permit. Then or the Mental Hygiene prior to be orked or them 18 shaws any injury.	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME	E OF INJURY STREET, FACTORY OF	FICE EARM ETC)	211 LOCATIO	DN	CITY OR TO	WN 774	COUNTY	STATE
TTENDIN pital or TOR: Af for use of af Healti 21 is ma		22a. L certify that (I) (the saw the deceased of the saw (I) (we) (did)	is hospital attended	the deceased fr			(our) opinion di	eath sequired on the d	, 17	and from the c	that (We lost
At OR A the hos at DIREC letroched ore Dept.		22h SIGNATURE	acti	Read	-M.P		TTENDING PHYSICIAN []	MEDICAL STA		6 2	SIGNED
TO HOSPITAL etained by th TO FUNERAL should be determined with the State IMPORTANT: I		22/ PHYSICIAN'S NAMI	11	REZ	2	22e. ADDRESS		HPS, 57,	BAG	18.M	21>37
2 2 4 3 X	23a	BURIAL, CREMATION, RE/	MOVAL 236. DATE 6/28/		23c. NAME OF C		REMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
DHMH - 16 50M 4/B2		UNERAL DIRECTOR		ADDR	GREEN M		250. DATE	REC'D. BY REGISTRAR	REGISTRA	AR'S SIGNATION	URE
(VRA 15, 4)	V	ALTER BROOK	S BRADLEY,	INC. B	ALTIMOR	E, MD	TON	4 9 1905	-		

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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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24 FUNERAL DIRECTO Duda-Ruck, Inc. 7922 Wise Avenue Dundalk,

Cremation

6/4/1983

Westview

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Baltimore

Maryland 25 DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE

COUNTY

771 DATE SIGNED

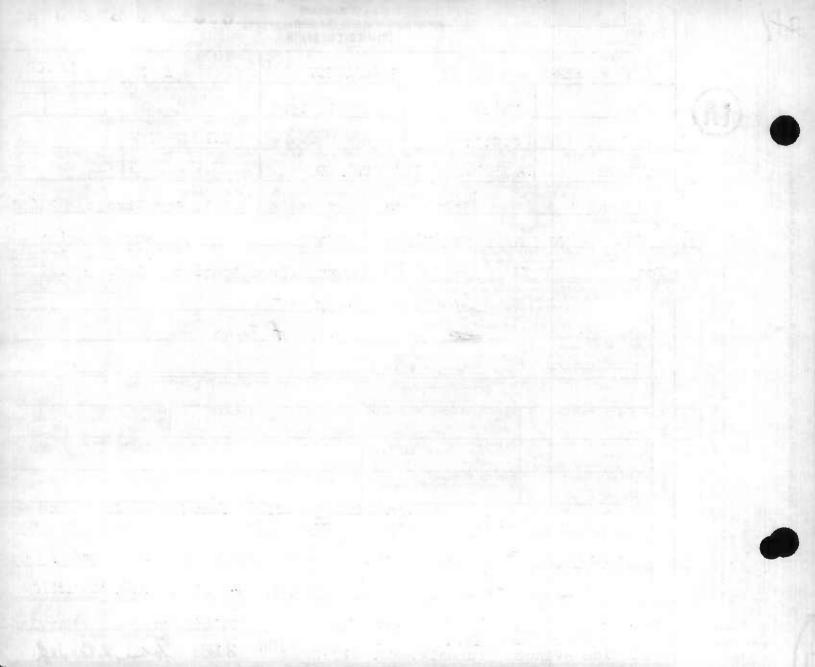
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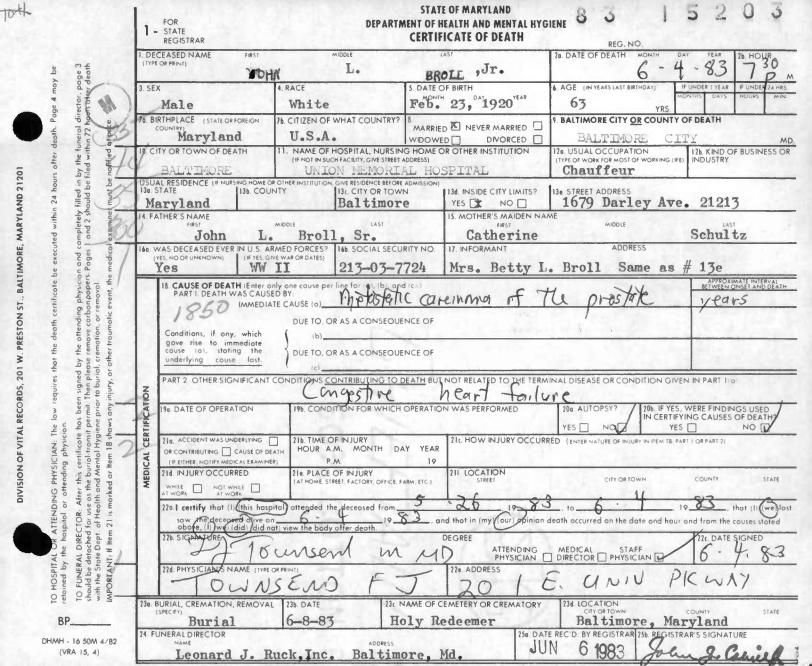
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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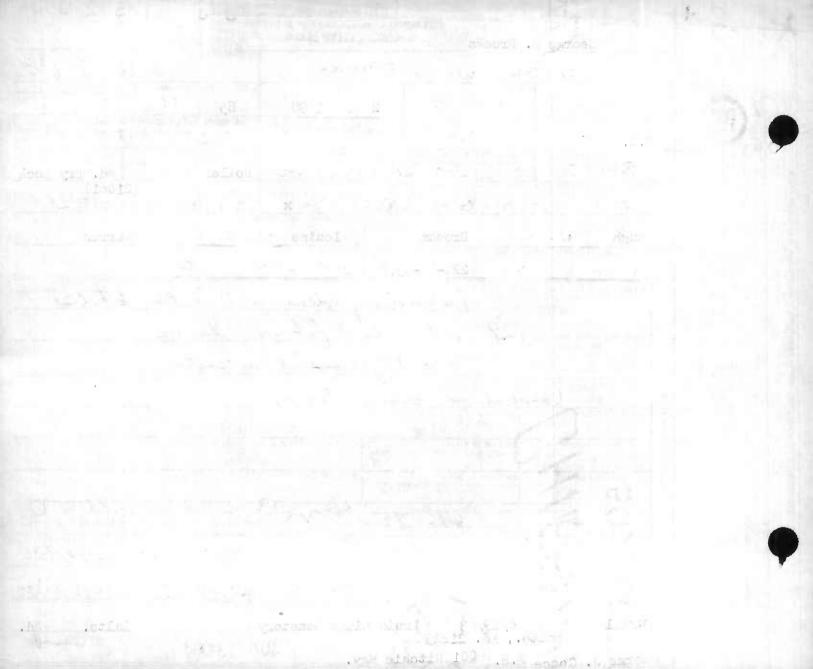




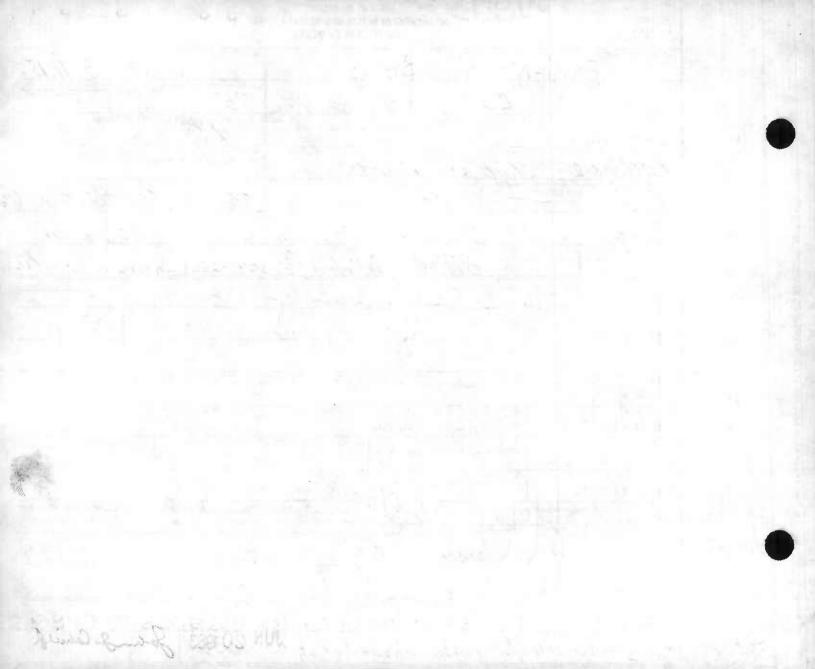
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Legrard J. Inck. Inc. 101 Minore, Nd.

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	11	- STATE REGISTRAR George			ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MON	
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	3. 51	MAI=	4. RACE WHITE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN
(RA)	70.5	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTI	2	20 1090	9 BALTIMORE CITY OR CO	YRS. PLINTY OF DEATH
70	1	N.C.	USA	MARRIE	DENEVER MARRIED DIVORCED	BALTO	CITY
by the fu	10.0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE STI		HOSP/THAL	TYPE OF WORK FOR Boiler Maker	IZb. KIND OF BUSINESS C INDUSTRY Md. Dry Doc
filled in could be		AL RESIDENCE (IF NURSING HOMESTATE 136 COL	OR'OTHER INSTITUTION GIVE RESIDENCE BE UNITY A 136. CITY OR TO		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	(21061) PICKSHIRE LA.
12 st	14. F	ATHER'S NAME	LAST		15. MOTHER'S MAIDEN NA	ME	LAST
6 000		Hugh	Brooks		Louise		Warren
s. Poges		WAS DECEASED EVER IN U.S. A	- CONTATES!		17 INFORMANT	ADDRESS	The Market of the Control of the Con
		No	226-05	-9576	Carrie Brook	ks (same as 13	
physici npoper movol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE)	SED RV.	nond (ci)	- edeur	+ largeali	BETWEEN ONSET AND DEAT
ding or re or re		4120	DUETO OR AS A CONSE	OLIENCE OF	1 0.1	0	
otten pve c tion, oumc		Conditions, if any, which	(Lto Vente	i cula	in fibron	, severe	
by the ase remain, cremain other tr		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A COMSE	QUENCE OF	readil	in faite	
signed hen ple to burio ijury, or	Z	PART 2. OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	AINA DISEASE OR CONDITIO	ON GIVEN IN PART 110
prior I	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		. IF YES, WERE FINDINGS USED
per per	TIFIC					YES NO	CERTIFYING CAUSES OF DEATH? YES NO
bl-transit tal Hygie		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)
buriol- Mento or Item	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	19	211. LOCATION		COUNTY STATE
os the Ith and orked	Z	WHILE NOT WHILE AT WORK	JAT HOME, STREET, FACTORY, OFF	CE, FARM ETC)	STREET	CITY OR TOWN	COUNTY
use o eolff		22a.1 certify that (1) (this has	spital) attended the deseafed fra		6/26,12 8.	5, to 6/2	6 , 19 83 , that 1) (ve)
of H of H		saw the decision delive of abave, (I) (we) tailed did i	not) view the body ofter death.	9 <u>X</u> 3. or	nd that in (my) (our) opinion	death accurred on the date a	nd haur and fram the causes stated
Direction of them		22b. SIGNATURE	1		DEGREE		220 DATE SIGNED
Al Jet		Uyl				MEDICAL STAFF DIRECTOR PHYSICIAN	6 6/27/85
ould be definite State (PORTANT:		22d. PHYSICIAN'S NAME (TH	(ormin)		22e ADDRESS		
should with the	_	4 6 6		-		ANOVER ST	BALTO 2123
-/	23a.	BURIAL, CREMATION, REMOVA Burial	0 1 1-		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	24.1		6/29/83 Lto., Md. 21225	Druid F	Ridge Cemeter	E REC'D. BY REGISTRAR 256	Balto. Md
16 50M 4/B2 A 15, 4)		NAME	F.H. 4001 Rit	is	1 44	N 281983	believe to the the
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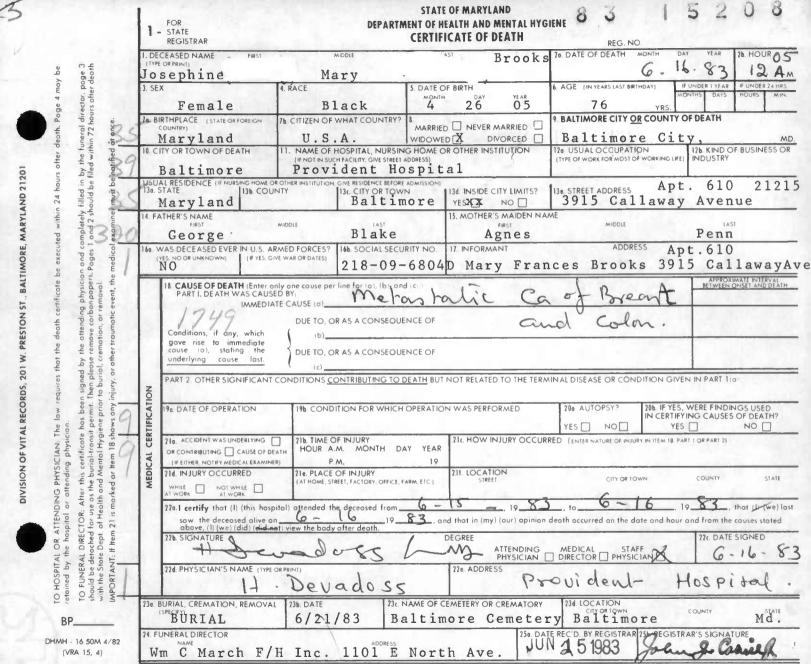
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ath. Page 4		FEMALE INTAGE OF FOREIGN	The CITIZEN OF WHAT COUNT	MARRIED MEVER MARRIED	1 BALTIMORE CITY OR	YRS. DAYS HOURS MIN COUNTY OF DEATH
urs after de	II'C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	WIDOWED DIVORCED DIVORCED RESTAUDING HOME OR OTHER INSTITUTION REET ADORESS)	12e USDAL OCCUPATION	MD. 12th KIND OF BUSINESS OR VORKING LIFE) INDUSTRY
thin 24 hou	120	AL RESIDENCE (IF NURSING HOME OF TATE)	PROTHER INSTITUTION, GIVE RESIDENCE BY NTY 13c. CITY OR T	OWN HILL INSIDE ITY LIMITS? YES NO	13. STREET ADDRESS	Laxuette Strict
secuted w	K	VAS DECEASED EVER IN U.S. AF	RMED FORCES? IM SOCIALS	in Charily	ADDRESS	Brown
incate be expensed to the management of the mana		18 CAUSE OF DEATH (Enter o	ve war or dates)	4-88ARHelen Vor	sey -2501 A	CANTALE ST CIC
If that the seeff certification the strength physics remove cartion pasts at certifion to committee, or other trainmattee.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	Kespiratory, tack	n	2 days
N. The law require to the has been signed permit. Then ples permit. Then ples permit of business arey villury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO THE TERM ICH OPERATION WAS PERFORMED	200 AUTOPSY?	70h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
Mic PHYSICIA ending physician the burst transit and Mental Hy arked or from S	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTH'Y MEDICAL EXAMINER 218. INJURY OCCURRED WHILE NOT WHILE ATWORK ATWORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RED JENTER NATURE OF INJURY I	N ITEM 18, PART I OR PART 2) COUNTY STATE
LOSS ATTENDS or attended to the series of th		220.1 certify that (In this hosp	sital) attended the deceased fro	U. S.I.	death occurred on the date	and hour and from the couses stated
rto Hospital retained by the TO FUNERAL should be detained with the State		226 PHYSICIAN'S NAME WAS	ORPRINT) LLISUENO		DIRECTOR PHYSICIA	SI.
BP	1	BLIAMO CREMATION, REMOVAL	6-23/83	3. NAME OF CEMETERY OR CREMATORY 3+ 0050 Ph Catholes	23d LOCATION OF TOWN ON SI	COUNTY STATE M
DHMH-16 25M	24 5	UNERAL DIRECTOR	11 F/4 319 ADDRESS	Schroeder St	14 5 0 1383 13	B. REGISTRAR'S STEN (TUBELLE)

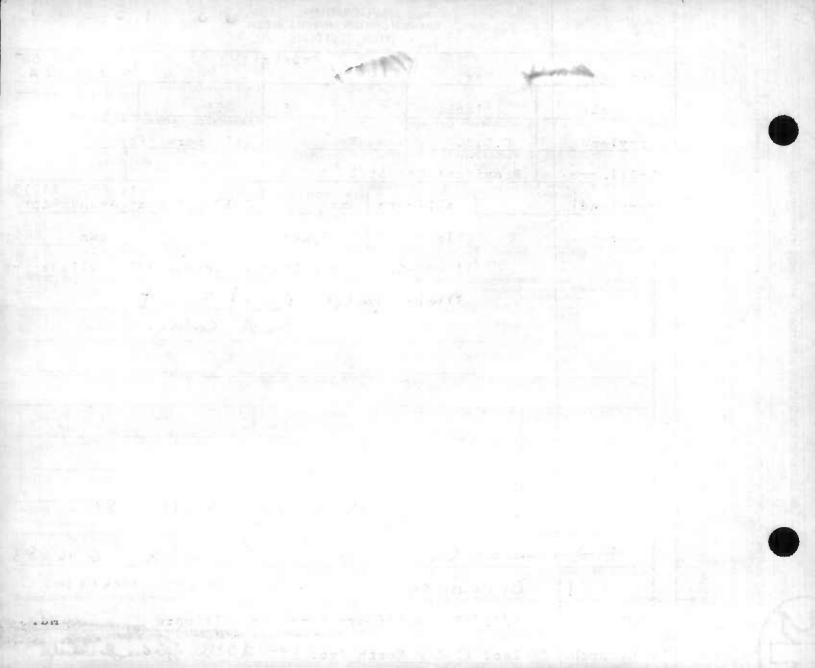


Y		1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	5 2 0 0
(MA)			CEASED NAME FIRST JAM	IES C. BROOKS	LAST	June 13, 198	3 YEAR 26. HOUR 3 45 A. M
2000		3. SE	MALE	4. RACE BLACK	5. DATE OF BIRTH MONTH DAY YEAR 03 26 94	The state of the s	UNDER I YEAR IF UNDER 24 HRS.
nerol dir	of once.	70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City OR COUNTY C	
of the further died with	Mied	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
24 hours filled in b	anst be		TATE 136 CC	E OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	130. STREET ADDRESS Balto And	2/2/6
MARYLA ed within npletely ond 2 sh	x duiner	14 FA	THER'S NAME PIRST	MIDDLE BYST	15 MOTHER'S MAIDEN NA	He MIDDLE MY	ech 0+10
MORE, I	medical		VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES		URITY NO. 17. INFORMANT	Dox 384 - 25010	21216 W/27210St
DS, 201 W. PRESTON ST., BALT quires that the death certificate be signed by the ottending physician hen please removed carbon papers.	ijury, or other traumatic event,	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DIATE CAUSE (a) CAVAIOPUL DUE TO, OR AS A CONSEQUE (b) Congust DUE TO, OR AS A CONSEQUE (c) ISCUENCE	Lmonary Arrest JENCE OF Cardine Fail JENCE OF	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 25 M; nu G
t RECORDS, he low required. hos been significant to be ene orient to be	2 no swo	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH? NO \(\bigcap \)
DIVISION OF VITAL NG PHYSICIAN: The offer this certificate h os the build-transif it h and Mental Hanner H	8	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED	FOEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	COUNTY STATE
OR ATTENDI e hospital or DIRECTOR: A tiched for use	If Hem 21 is morker	4	sow the deceased alive	aspital) attended the deceased from	5/29/83 19 pnd that in (my) (aur) opinion	death occurred on the date and hour of	that (I) (we) lost and from the couses stated
O HOSPITAL etained by th TO FUNERAL should be deter	O		22d PHYSICIAN'S NAME (T) HALESH	M. PATEL, MO	PHYSICIAN [220. ADDRESS HERAT BALTIMO	V HOSPITAL OF RE, MD 21216	MARYLAND INC
BP	_		URIAL, CREMATION, REMOV	VAL 236 DATE 236.	want of cemetery or crematory	23d LOCATION CITYORTOWN CHESS C	COUNTY ME STATE
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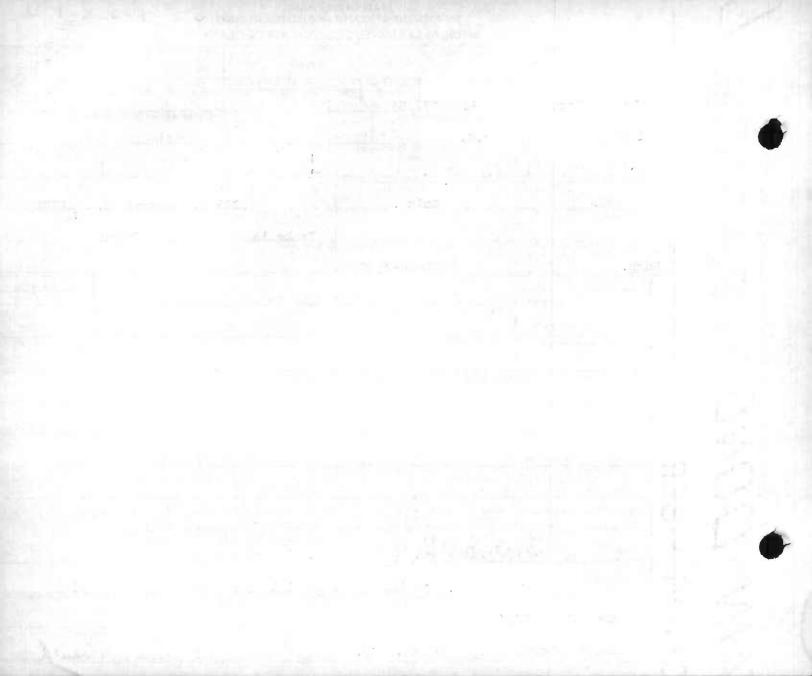
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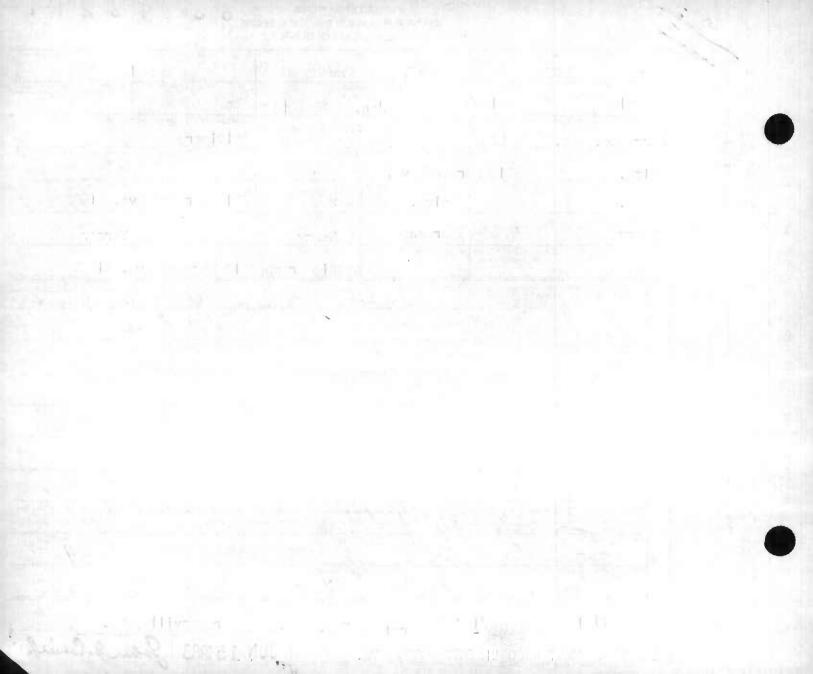
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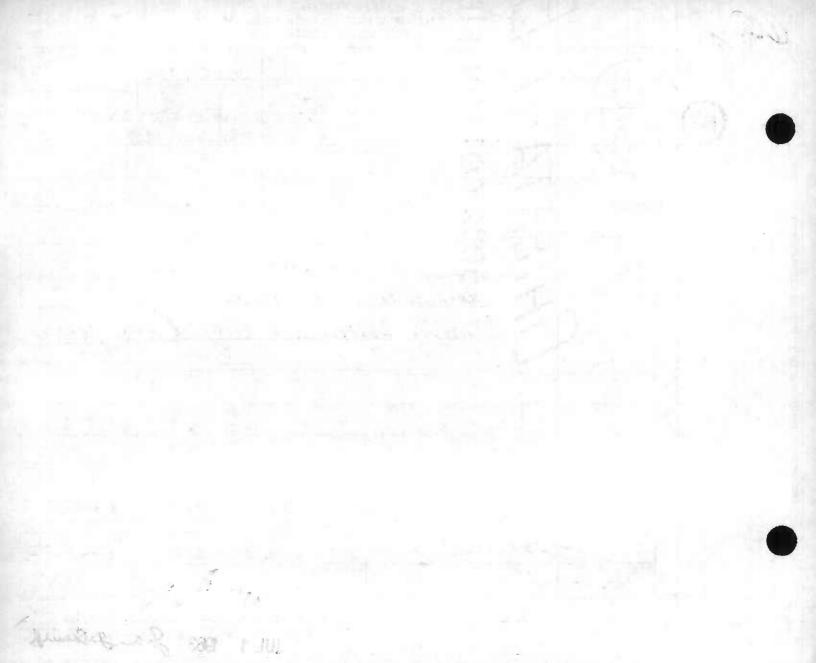


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	USUA 13a. ST	L RESIDENCE		OR OTHER INSTITUTION, GI	VE RESIDENCE	BEFORE ADMISSION OR TOWN) .	13d INSIDE CI	ITY LIMITS?	13e STRE	ET ADDRI	ESS		1		
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PENDING' PEN	NO	PAKI 2 DIHER S	IGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERMINA	AL DISEASE	OR CONDITION	N GIVEN IN PA	RT 1 a						
WOKU NE WOKU N	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	TION FOR	WHICH OPERAT	NON WA	AS PERFOR	MED?						AUTOPSY	
RTMENT COULD BE		UNDERLYING	AL CAUSE WAS GOR ING CAUSE OF	HOUR A.M	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19						18 PART 1 OR F		YES 📙	ххои		
FORWARDED TO THE CHIEF MEDICAL EXA OR: PAGE 3 SHOULD BE USED AS A BURIAL HE STATE DEPARTMENT OF HEALTH AND MI ND, 21201 PROR TO BURIAL, CREMATION,	MEDICAL	214 INJURY O WHILE AT WORK	NOT WHILE I	21e PLACE C STREET, FACT	OF INJURY IORY, FARM, E		21f. LOC ST	ATION REET			CITY OR TO	IWN	C	OUNTY		STATE
ERTIFICE BE UD BE		22a. I certi death result ACTUAL SIGNATURE		ge of the remains des	Accident	ve, held an Suici	Autops de,	Homic TITLE (SI			Inquiry	anner	and in my o	6	/24/	83
MEDICAL E ECUTE THE NGE 4 SHOU OF UNERAL TER DEATH,		EXAMINER'S (TYPE OR PRI	NT)	Margarita	A. Ko	rell,MD	A	ADDRESS_	LLLF	enn S		et, Ba	alto,	MD 2	1201	
BP		Re	TION, REMOVAL	236 DATE 7/1/83	23c. f	NAME OF CEME	TERY OR				CATION			UNIY		TATE
DHMH - 17 (VR A15 ME (5))		NAME An	atomy Bo	ard		to., Mo	١.		JUL	REC'D. BY	registra 1983	AR 25b RE	GISTRAR'S	SIGNA"	TURE well	

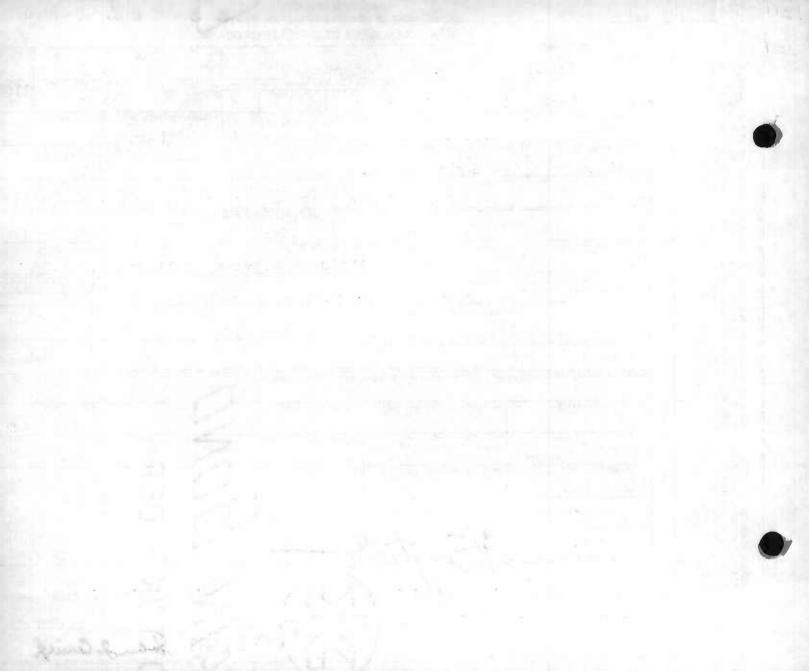


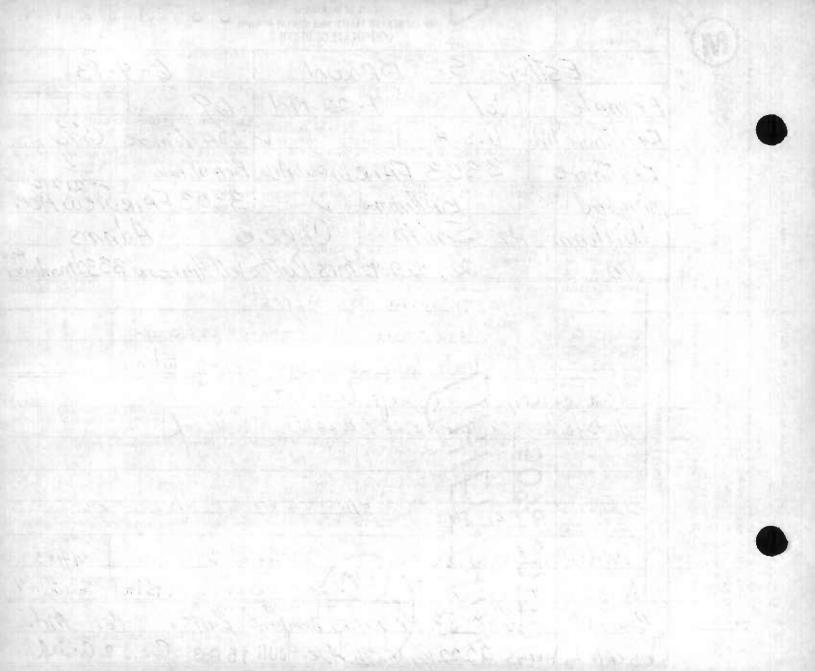


		ECEASED NAME FIRST	WIDDLE	L	AST	REG. NO. 20. DATE OF DEATH M	ONTH DAY YEAR	2b HOU
		Elizabeth	Frances Brown			June 28, 1	983	
8	3 S		4. RACE	5. DATE O	DAY	6 AGE (IN YEARS LAST BIRTH		IF UNDER
IS AR	\	Female	White		7, 1917	66	YRS	
IAI	11	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	75. CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED	Baltimore CITY OR		
otifie) 10.0	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 1417 W. 37th	ADDRESS)		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Homemaker	N 126. KIND C	F BUSIN
Tansi be	5 130. M	ARYLAND 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NATURE BELLING BALLING	/N I	134 INSIDE CITY LIMITS? YES K NO [13e. STREET ADDRESS 1417 W. 3	37th Street	21
3 coming		ATHER'S NAME FIRST Jerry V	MIDDLE LAST		Bell	Sealock	LAS	57
	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRESS	S	
medical		(YES, NOOR UNKNOWN) (IF YES, GIV	215 07 6	606B	John I. Brow	m Sa	me	
burial, ci ry, ar ath	Z	underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE FINDIN	NGS USE
any inju	CATIC	190. DATE OF OPERATION					IN CERTIFYING CAUSES	OF DEAT
ows /	RTEFICATION	19a. DATE OF OPERATION				YES NO	YES	
18 shows	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			21c HOW 3NJURY OCCURR	YES NO	YES	
Hygiene 18 shaws	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH DA	19	216 HOW INJURY OCCURR 211 LOCATION STREET	YES NO	YES	NO [
them 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this haspi sow the deceased alive an obove, (1) (we) (ded) (did not)	HOUR A.M. MONTH D.P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET 1978 denot in (my) (our) opinion of	YES NO RED (ENTER NATURE OF INJURY I	YES IN ITEM 18, PART 1 OR PART 2) COUNTY COUNTY Cond hour ond from the	NO [
# Hem 21 is marked or Hem 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (I) (this hospi sow the deceased alive an obove, (I) (we) (and) (did no 272b. SIGNATURE	HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET 19 7 8 denot in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	YES NO RED (ENTER NATURE OF INJURY I	YES	NO [
them 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this haspi sow the deceased alive an obove, (1) (we) (ded) (did not)	HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. tol) ottepded the deceosed from (1) view the body offer death.	ARM, ETC)	211 LOCATION STREET 19 7 8 denot in (my) (our) opinion of the control of the con	YES NO RED (ENTER NATURE OF INJURY I	YES	that (I) (couses stored



217	1,	FOR			DEPART			ARYLAN AND ME		YGIE	3	15	2 1	3
V	1-	STATE REGISTRAR		ME	DICAL	EXAMIN	NER'S	ERTIFIC	ATEO	FDEATH	1 REC	3. NO.		
21		CEASED NAMI	E FIRST Ernest		G.		Br	own		2a.	OF ESTI-	HTHOM FV N	/83 19 M DAY YEAR 11.4. /83 19 P M TY OF DEATH TY OF DEA	
	3. SE		4 RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER	24 HRS. 2c.	DATE	MONTH	DAY YEAR	7194
37 10	1	ale	Black	10 11	27		RS.			0.0	DEAD C	6/19		I P M
SERVE A	A FI	Maryla		U.S.A		IKT;	" MARRI	ED NEV	ER MARRIE			_		
ELAY IS TO THE P PAGE SE FILED,	10.0	Baltime	of DEATH	11. NAME OF HOS (IF NOT IN SUCH FA 4007 Spr	PITAL, NUI CILITY, GIVE ST	le Ave	E, OR OTH			120 USUAL	Daluill Occupation of working life		12b. KIND OF B	
BALTIMORE, MD. 21201 S. AFTER DEATH, IF ANY DELAY GIVE PAGES 1, 2, AND 3 TO TI TITH FORM PM 3 RETAIN PA PAGES 1 AND 2 SHOULD BE FI IVISION OF VITA/PECORDS.	13a. S	AL RESIDENCE STATE arylan	13b. COUN	OR OTHER INSTITUTION, GI	13c. CITY	OR TOWN	ION)	13d INSIDE CIT	IY LIMITS?	13e STREET 4007		ngdal	e Ave.2	21215
MD. H. H.	14. F	ATHER'S NAME		MIDDLE		LAST		15. MOTHER	R'S MAIDE	NAME	WIDDLE			
DEATH. DEATH. GES 1, M PM AND 2	20	John			Bro	wn		E	dna		MIDDEL			
JRS AFTER DE URS AFTER DE 8. GIVE PAGE T. PWIGES I RM DIVISION OF	16a (WAS DECEASED ES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		IAL SECURIT		17 INFORM			ADD	RESS		
S AF GIVE ITH PAG VISI		Yes			220	-20-	2151	June	H.B	rown	3 F1	inn Ct	t.Apt.3	A
		18 CAUSEO PARTIDE	ATHINALAC CALICES	ly one couse per line									APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
STON SI V 24 HO N ITEM I ALONG IIT PERM IYGIENE		42	92 IMMEDIAT	TE CAUSE (a) Art				ardiov	ascul	ar di	sease			
A PEST		Condition	ns, if any, which	DUE TO, OR	AS A CON	SEOUENCE	OF				1			
WITE NOTE OF SERVICE O		gove ris	se to immediate stating the under-		AS A CON	SEQUENCE	0.5							
201 W. PRE UTED WITH IN PENCIL EXAMINER EXAMINER FIAL TRANS		lying cau		DOE TO, OK	AS A CON	SECUENCE	OF							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, ROBE TO THE CHIEF MEDICAL EXAMINER ALONG W ES 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE. OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	PART 2 OTNER SH	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	IED TO THE TERM	AINAL DISEASE	OR CONDITION	GIVEN IN PART	I lat			1	
LINE JID B JID B JID B JID B JID B JIC G	CERTIFICATION	190 DATE OF	OPERATION	196 CONDIT	ION FOR V	WHICH OPER	RATION W	AS PERFORM	AED?				20 AUTOPS	1?
F VITAL RE F VITAL RE F VITAL RE MORD "PE RE CHIEF N BE USED A BENT OF HEA	(I ĕ	1000											YES 🗍	NO K
MVISION OF VIT CERTIFICATE SH ITING THE WOR DEPARTMENT OF DEPARTMENT OF THE COMMENT OF THE COMME		UNDERLYING	L CAUSE WAS OR OG CAUSE OF E	21b. TIME OF HOUR A.M DEATH P.M	MONTH	DAY YEAR	R 21c HC	OW INJURY (OCCURRED	(ENTER NATU	re of injury in ite	M 18 PART T OR P.		
12 AAAKE	MEDICAL	21d. INJURY C		21e PLACE C		(AT HOME,		CATION		CIT	Y OR TOWN	cc	DUNTY	STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE PORN TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		death results		e of the remains day	africano	ve, held an	Autops	Homicia	ECIFY	Undetermi	ned monner	ond in my o	6/20	′83
TO MEDICA EXECUTE THE PAGE 4 SH TO FUNERA AFTER DEAT	X	EXAMINER'S	NAME Denn	is F. Smy	th.	. D.		W			EXAMINER Bal	to. M	d. 2120	
PAET PAET PAET PAET PAET PAET PAET PAET	23a. B		TION, REMOVAL 2					R CREMATOR		23d. LOCAT				
BP		BURIA		6/24/83	M	d.Nat	iona	al Mer	m.Pk	Lau		COU	Md	TATE
DHMH - 17		NAME		ADDRESS			1	25	So. DATE RE	2 1 19	SISTRAR 256	EGISTRAR'S	SIGNATURE	4
(VR A15 ME (5)) 20M 4/82	Wn	C Ma	rch F/H	Inc. 11	01 E	Nort	h As	re.		4119	03 /	rand	L Whiel	K





M	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MEN CATE OF DEA		NE 8 3	0.	5 2	1 5
poge r death		CEASED NAME FIRS		MIDDLE (Pa	arker"	OWN		26. DATE OF DEATH	6 19	83	26. HOUR 2.00 BM
ge 4 may ector, pag rs offer de	3 SE	×	4. RACE		5. DATE OF		YEAR IO	AGE (IN YEARS LAST BIR		INDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
death. Par uneral dir hin 72 hou		RTHPLACE (STATE OR FOREIG COUNTRY) . Carolina		WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARE	RIED G	Baltimore City o			MD.
by the fu	10. C	BY L TO	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET			5.0	26. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION		BUSINESSOR
filled in guld be f	13a. S	AL RESIDENCE (IF NURSING HO) TATE. 13b.			N 1	3d. INSIDE CITY L YES X NO		3. STREET ADDRESS	LD FR	212 EDEKI	
completely and 2 sh	14. F/	THER'S NAME FIRST Henry	WIDDIE	Mayo	1	S. MOTHER'S MA	lie	WIDDLE		Coo	
Pages .		VAS DECEASED EVER IN U. YES NO OR UNKNOWN) (IF Y	S. ARMED FORCES? (ES, GIVE WAR OR DATES)	16b. SOCIAL SECU	3027	Wanaaric DR.	e Pa	rker 4995			venue
equires that the accounting. I signed by the attending. Then please remove carbo to burial, cremation, ar re injury, or other traumatic e	NO	Canditions, if any, white gave rise to immedia cause (a), stating the underlying cause to PART 2 OTHER SIGNIFIC.	ch (b) DUE TO, C	OR AS A CONSEQUE	ENCE OF	OVA LIN		CA KCI NO		IN PART I+a	
has been the prioritiene prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORME	D	206 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES	
PHYSICIAN: TI ending physici ending physici this certificate he burial-transit and Mental Hygi dor frem 18 sh	MEDICAL CER	21g. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX. 21d. INJURY OCCURRED	OF DEATH AMINER) P 210. PLACE		19	211 LOCATION STREET	Y OCCURRE	D (ENTER NATURE OF INJU		OR PART 2)	STATE
TO HOSPITAL OR ATTENDING Pretained by the hospital or after 170 FUNERAL DIRECTOR. After 18 hould be deteched for use as the with the State Dept. of Health and WAPORTANT. If hem 21 is marked		226.1 certify that (1) (this saw the deceased ali abave, (1) (we) (did) (c 22b. SIGNATURE 22d. PHYSICIAN'S NAME	haspital) attended the second of the second	9 19	DE	GREE ATTEN	NDING SICIAN []	MEDICAL STA	FF CIAN 🗶	22c DATE S	9 8 3
BP	236.	BURIAL, CREMATION, REMO	OVAL 236. DATE 6/23			METERY OR CREM		Giron bu	rnie	OUNTY	PUNDER ZA HRS HOUNS MIN. MD. BUSINESS OR 29 CK ROAD PET VETURE WHATE INTERVAL ANSET AND DEATH ON THE STATE THAT MIN. MIN.
DHMH - 16 50M 4/82	24. F Wm	JNERAL DIRECTOR	/H Inc.	1101 ADDRESS	Nort	a Ave.		REC'D. BY REGISTRAR	25b DEGISTRA	R'S SIGNATU	

The Walterson Co. white the full and the second injury, or other troumatic event, th

STATE OF MARYLAND

PEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR			EPART		EALTH AND ME		IENE O	REG. N	0.	2 4	
	1. DECEASED NAME (TYPE OR PRINT)	HOLL)		le	BI	ROWN		2a DATE O		6/1	3/83	12 40 F
	FEMAL	LE	WHI	te	5 DATE O		YEAR 13	6 AGE (IN	9	YRS.	MONTHS DAYS	IF UNDER 24 HRS.
NA.	VIRgIN	liA	Th CITIZEN OF WI	A.	MARRIE WIDOWE	D NEVER MA	RRIED -	BALLIMO	HIMO	RE	Y OF DEATH	MD
3	City	OF DEATH	Luth	ERAN	HOS/	OR OTHER INSTIT	UTION	(TYPE OF WO	OCCUPAT RK FOR MOST C maker	E WORKING LI	IFE) INDUSTRY	Home
1	Maryland	(IF NURSING HOME OR 13b COUN	TY 13	ve residence befor Br. CITY OR TOV Baltimon	WN	13d INSIDE CITY	LIMITS?	13e. STREET	ADDRESS W. Z	AFA	YEHE	AVE
0		rnon Your		LAST			sie	ΛE	Mae		Alfo	
	160 WAS DECEASED LYES NO OR UNKNO NO		MED FORCES? 16	228-10	-5678	Grandso		rl Mar	tin	~		Maryland
	Conditions, gove rise couse (o), underlying	F DEATH IENTE ON THE PROPERTY OF THE PROPERTY	DUE TO, OR A	AS A CONSEQU	Pah JENCE OF JENGE OF	ron p orginalization	ness ansz clus		MA SE OR CON		BETWEEN IN PART 110	MALEN BYAL
	19a DATE OF C	OPERATION	19b. CONDITIO	ON FOR WHICH	H OPERATIO	N WAS PERFORA	AED	20a AUTO	DPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES ES	NGS USED OF DEATH?
,	OR CONTRIBUTION	WAS UNDERLYING OF DEATH	P.M.	MONTH D	AY YEAR	21c HOW INJU	3 4 1/					
	21d. INJURY C	NOT WHILE AT WORK	21e PLACE OF	INJURY I, FACTORY, OFFICE.	EARM, ETC.)	211. LOCATION STREET	02		CITY OR TO	wn 2	COUNTY 0.2	STATE
	sow the obove, (1)	that (I) (this haspit deceased plive an (we) (did) (did not	6/15	19	1	nd that in (my) (p	ur) opinion d	, to	ed on the de	ote and hou		that (I) (we) lost couses stated
	226. SIGNATU	CUTI	non	7	m	PH	ENDING YSICIAN	MEDICAL DIRECTOR	STAI		22c. DATE	13/83
	BIC	H T	SUONC	7		LUT	HER	AN	40-	PIT	TAL	-
	23a BURIAL, CREMA (SPECIFY) Buri	al	23b DATE 6/16/8			Memoria			ATION OR TOWN	ro	Virgin	STATE
	5 LACK	Fuzzal 9	formes	ADDRESS ELLL	7.0.6	NO ZIES	25a DATE	REC'D. BY	1983 C	MEGIST John	TRAR'S SIGNAT	welf.

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DHMH - 16 50M 1/81 (VRA 15, 4)

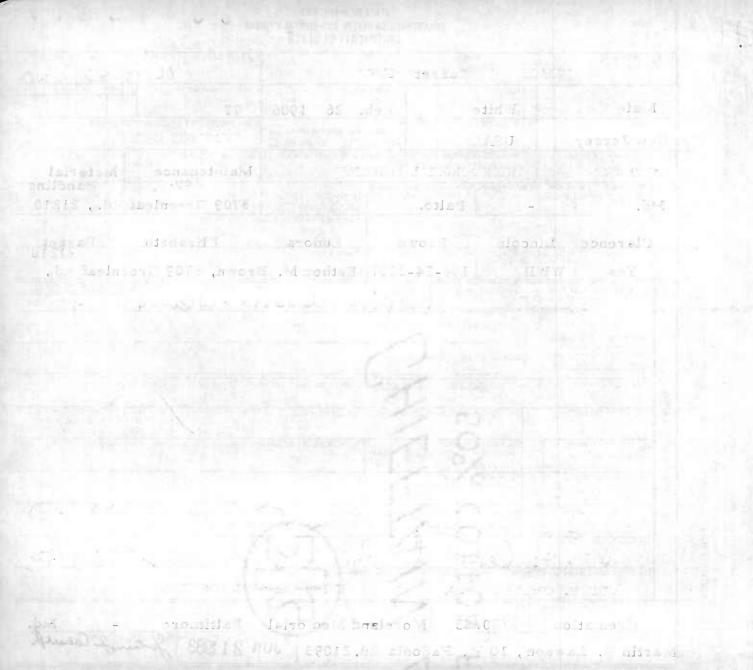
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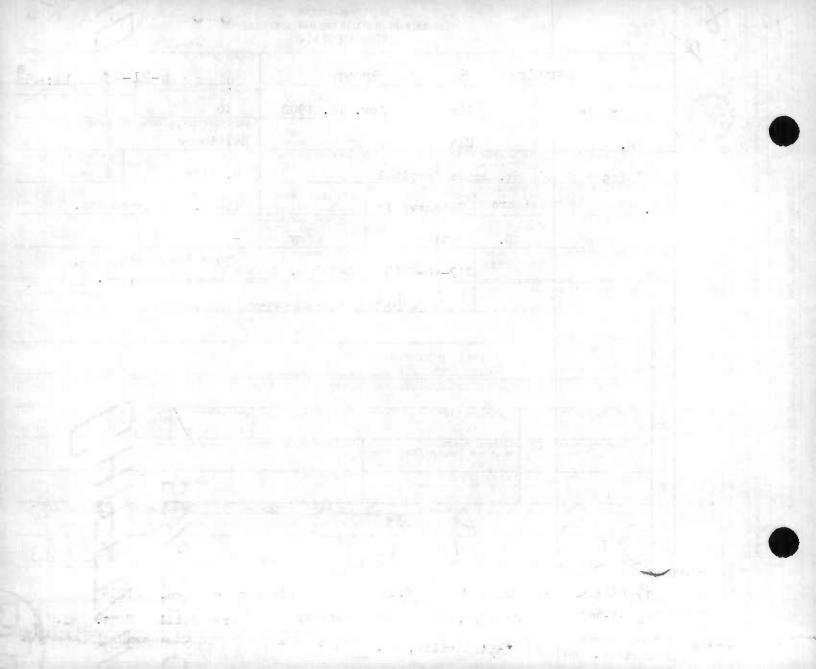
TO FUNERAL DIRECTOR, After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please re with the State Dept. of Health and Mental Hygiene prior to burial, crer

O HOSPITAL OR ATTENDING PHYSICIAN: The low

IMPORTANT: If them 21 is marked or Item 18 shows any

THE COUNTY STRANGE STREET STREET





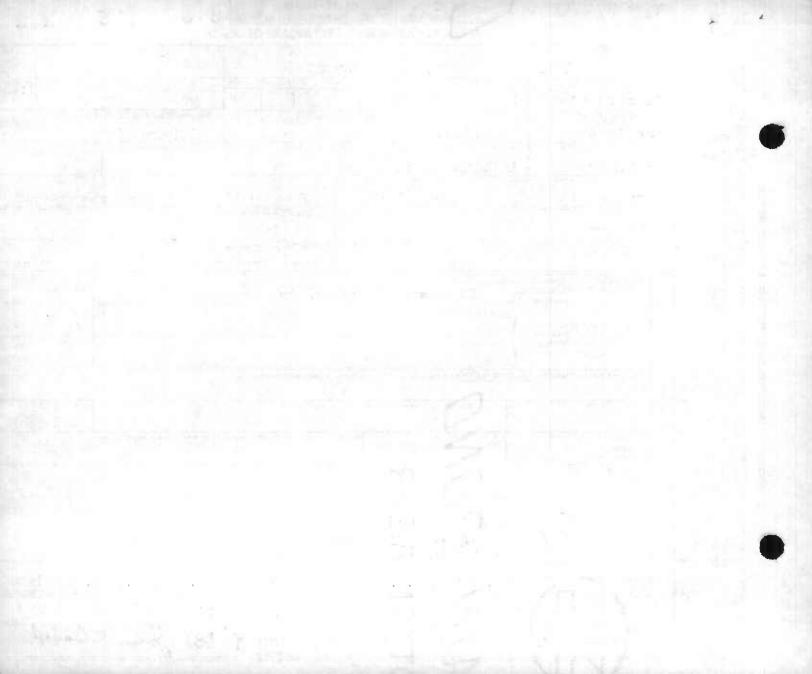
1-	FOR STATE				NT OF H	EALTH	AND M	ENTAL HYG			1 5	2	1	9
	REGISTRAR		WEL		AMINE			CATE OF						
				MIDDLE				INSTITUTION INSTITUTION INSPECTION IN PART 1 In). INSPECTION IN PART 1 In). INSPECTION INSPECTION IN PART 1 In).	20 DATE OF	KNOWN E	MONTH	DAY	YEAR	26 HOUR
		ROLA	AND A			BRO	NWO			MATED [6			M
		4. RACE	5. DATE OF BIRTH	YEAR 6.	AGE (IN YEARS	IF UND					MONTH	DAY	YEAR	24 HOUR
m	ale	black	6/23/3	39	4 YRS	MONTHS	DAIS	HOURS MI			6	23	1983	3 M
		ATE OR		IAT COUNTR	Y? 8.	MARRIE	D IN NE	/FR MARRIED	9. BALTIN	ORE CITY	OR COUP	VIY OF D	EATH	83 AM YEAR 24 HOUR 83 AM TH OF BUSINESS DUSTRY St XMATE INTERVAL IONSET AND DEATH OPSY? NO KI STATE
		d	USA		,					imore	Cit	V		MD.
10. C	ITY OF TOWN	OF DEATH				OR OTHE	R INSTITU	TION 12	USUAL OCCU	PATION (TY	PE OF WORK	12b KIN	ND OF BU	SINESS
	Raltim	ore							FOR MOST OF WOR	KING HE			11400311	24 HOUE 7: 02 MD USINESS TRY MD USINESS TRY STATE
USU	AL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEF	ORE ADMISSION	1.	0.1		colored table		04.00	_		
		136 COU	NIY			1		NO T	SASE HADDE	von 2	2122	9		BUSINESS STRY STATE -83
_								R'S MAIDEN N	NAME					
3	FIRST			LAS	T		Í	arcel	ine He	rring	or		LAST	TEINTENVALET AND DEATH
	WAS DECEASE	DEVER IN U.S. A		16b. SOCIA	L SECURITY I	VO. 1			2110 110					
		WN) (IF YES, GIV	E WAR OR DATES)	213-	-34 30	032	Flor	ence	Brow	n 6 s	S/Hi	1+02	2 5+	
_		E DEATH /Enter o	alu ana sa un ana lina						21011	y .	J/ 111			INTERVAL
	PARTIDE	ATH WAS CAUS	ED BY:									BETW	VEEN ONSE	AND DEATH
	30	3 D IMMEDI				_						-	-	
				AS A CONSE	QUENCE OF									
	couse (a	stoting the unde		AS A CONSE	QUENCE OF									
	lying cou	se last.												
	PART 2 DINER S	GNIFICANT CONDITION	IS CONTRIBUTING TO DEATH I	RUT NOT RELATED	TO THE TERMINA	AL OISEASE	OR CONDITIO	N GIYEN IN PART 1	(0).					
Z														
ATIO	190 DATE OF	OPERATION	19b. CONDIT	ION FOR WH	HICH OPERA	TION WA	S PERFOR	MED?				2D A	UTOPSY	
FIC														
ERTI	710 EXTERNA	AL CAUSE WAS	21b. TIME OF	INJURY		21c HO	W IN IURY	OCCURRED II	ENTER NATURE OF IN	JURY IN ITEM 15	B PART 1 OR I		(C) [1]	NO M
	UNDERLYING	OR	HOUR A.M		AY YEAR		Washing	OCCURRED !						
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AED	WHILE -	NOT WHILE			AT HOME,				CITY OR TO	WN	C	OUNTY		STATE
<	AT WORK	AT WORK												
	22-1	(a) = a (a = - b - b		and also	L-14	Autor	. 🗆		V			Vall		
					7						ind in my	opinion		
	deoth result	ed fram: Nat	urol causes K.	Accident L	山, Suici	de L.J.	Hamie	ide 📙 .	Indetermined m	onner,	,			
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	SIGNATURE		1	48		'M ₁ (Assi	stant	MEDICAL EXAM	AINER	SIGN	VED 6	-23-8	35
		SA.		/										
	(TYPE OR PRI	NAME Ann	M. Dixon,	M.D.		A	DDRESS_	111 Per	nn St.,	Balto)., M	d. 2	1201	MD. BUSINESS STRY STATE NO MO STATE
23a. E	BURIAL, CREMA	TION, REMOVAL	23b. DATE	23c. NA	ME OF CEME			ORY 2	3d LOCATION			UNITY		A75
E	Burial		6/20/82						Balt	IMORE CITY OR COUNTY OF DEATH IMORE CITY PATION (TYPE OF WORK 128 KIND OF BUSINESS OR INDUSTRY FON 21229 RODIE TAST THE APPROXIMATE INTERVA BETWEEN ONSET AND DE URY IN ITEM 18 PART 1 OR PART 2) WIN COUNTY STATE UNDER DATE SIGNED 6-23-83 Balto., Md. 21201 O, B.B. Md.	AIC			
	UNERAL DIREC	TOR	-		41		V 5 if	250. DATE REC	D. BY REGISTRA				URE	
		^ D:	ADDRESS					JUN 2	9 1983	you	in	1. Cal	hell	
	T. DE (TY) 3 SE M 10. CSU. 130. S 14. F 160. (C) 130. S 14. F 160. (C)	To STATE REGISTRAR 1. DECEASED NAMI (TYPE OR PRINT) 3 SEX Male 70: BIRTHPLACE (S) FOREIGN COUNTRY) Marylan 10. CITY OR TOWN Baltim USUAL RESIDENCE 130: STATE Md 14. FATHER'S NAME FIRST Alfr 160: WAS DECEASE! (YES, NO, OR UNKNO NO 18 CAUSE O PARTI DE 3 OS Condition gove ri couse (o) lying cou PART 2 DINER SI NO 190: DATE OF 210: EXTERNA UNDERLYING CONTRIBUTI 21d INJURY C WHILE AT WORK 220: Lecrit deoth result 170: BURIAL, CREMA 18 UNERAL 174 UNERAL EXAMINER'S 174 UNERAL 175 LICETT 176 LICETT 177 LICETT 177 LICETT 178 LICETT 179 LICETT 170 LICETT	TO STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) ROLA 3 SEX 4. RACE Male black 70: BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF IN NURSING HOME 130. STATE 13b. COUNTRY) Md. 14. FATHER'S NAME FIRST Alfred 166. WAS DECEASED EVER IN U.S. A (YES. NO. OR UNKNOWN) (IF YES. 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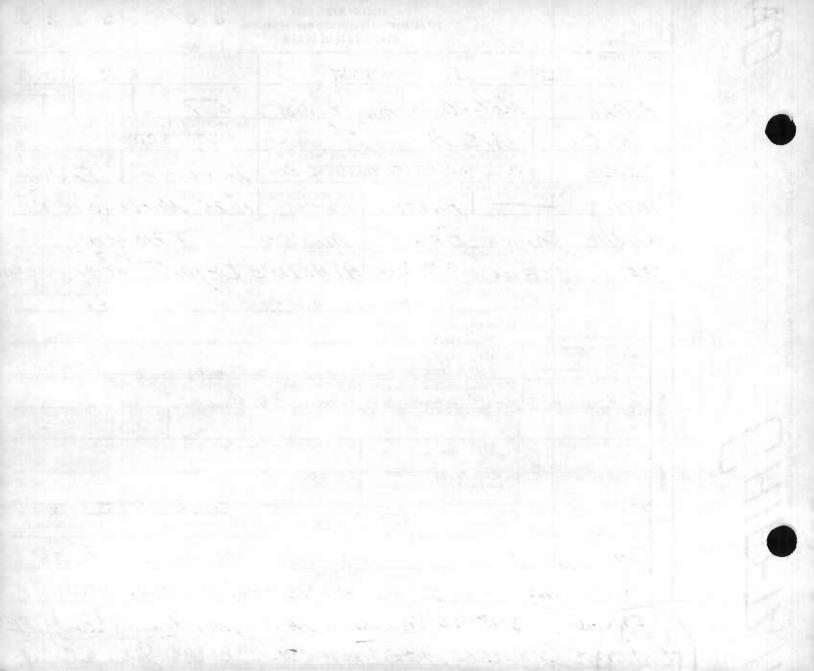
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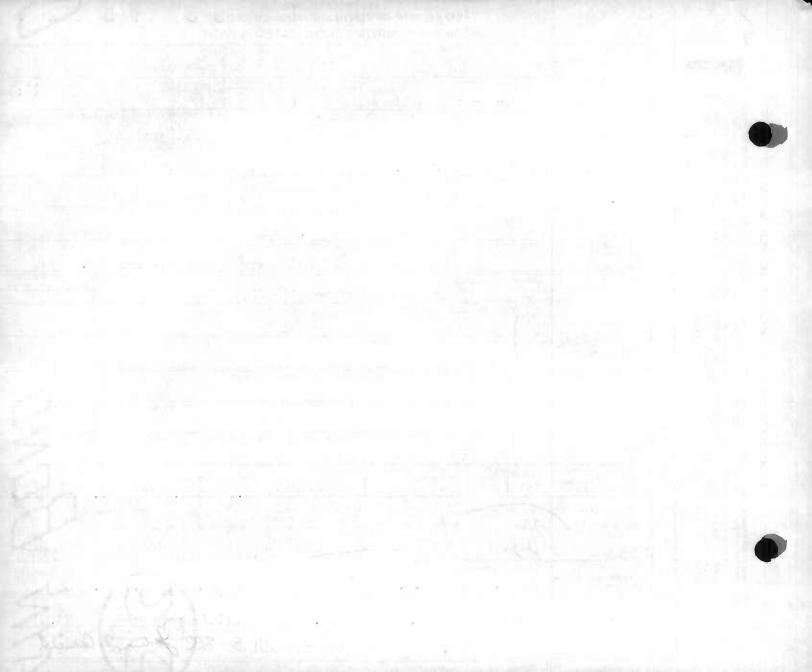
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TTEN Pitol TTOR: for us af He 21 is			ital) attended the deceased from June 6		n death occurred on the date and ha	, 19 83 , that (X (we) last our and from the causes stated
~ d & e d e		HAVEN AN	ottores	DEGREE MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/6/83
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₽₽ <u>₽₽</u> \$		BURIAL GREMATION, REMOVAL SPECIFICATION	6-13-83	NAME OF CEMETERY OF CREMATORY		COUNTY STATE M
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FI	JAME RAL DIRECTOR	RUG65 14	35 Fresten St.	JUN 8 1083 Z	TRAR'S SIGNATURE





Leonard J Ruck Inc. Baltimore, Maryland

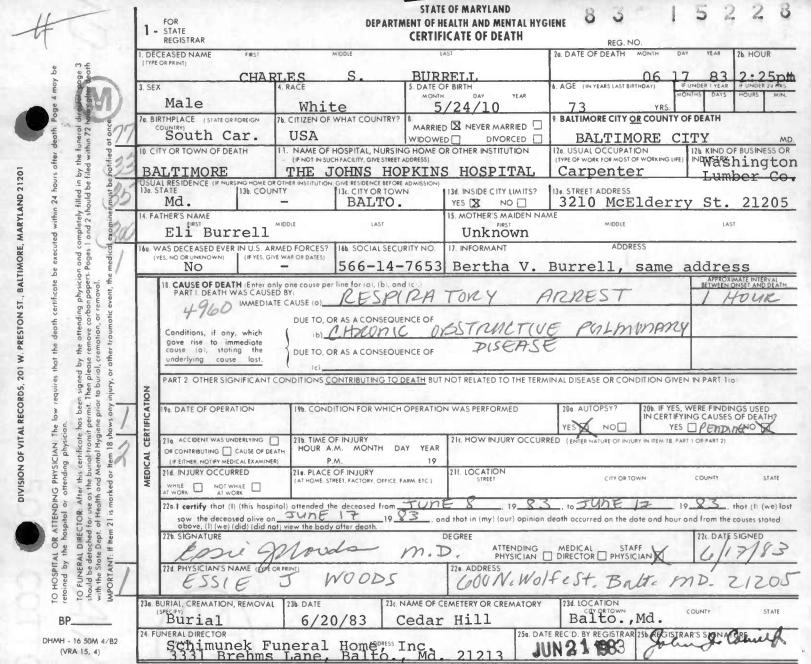
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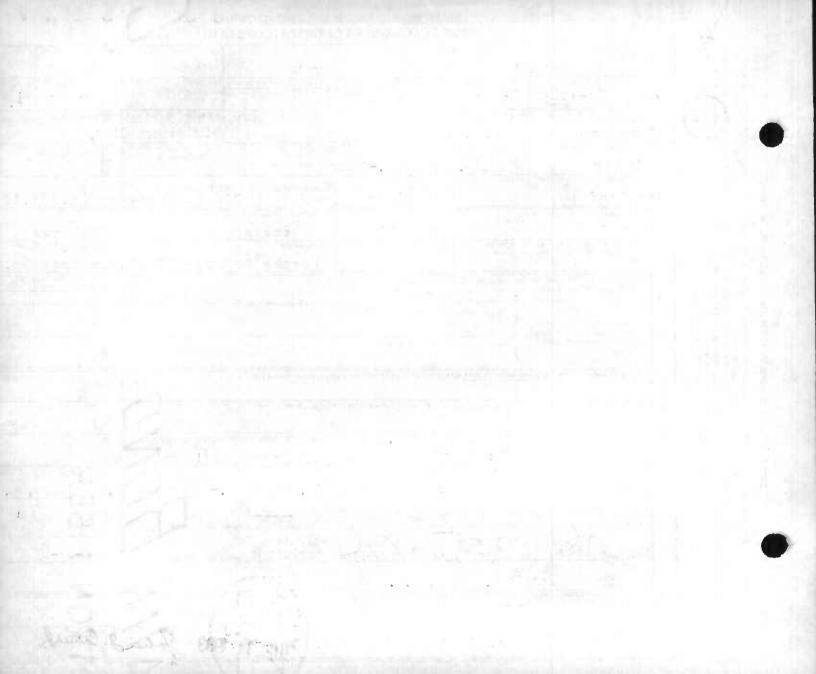
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20M 4/82

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS



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(VRA 15.4)

REGISTRAR

I. DECEASED NAME

307 N.Arlington Ave. 21223 Allen 218-48-0724 Stephanie E.Burrell 307 N.Arlington renal transdictation, polyasteritis 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY , and that in (my) (aur) opinian death occurred an the date and hour and from the causes stated 22c. DATE SIGNED Glenburnie Wm "C" March F/H Inc. 1101" E North Ave.

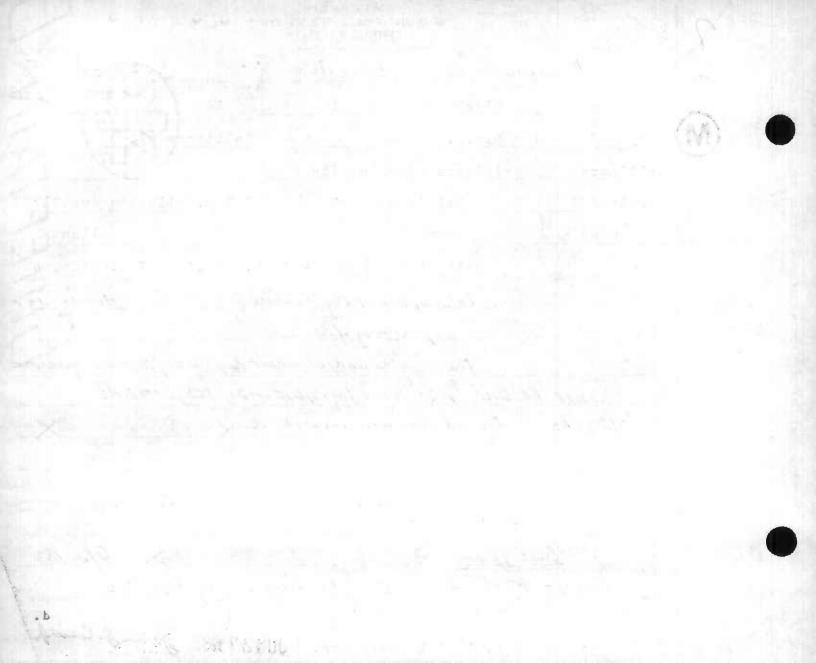
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

12b. KIND OF BUSINESS OR



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A. Alan Seitz, Jr. 3818 Roland Avenue 21211

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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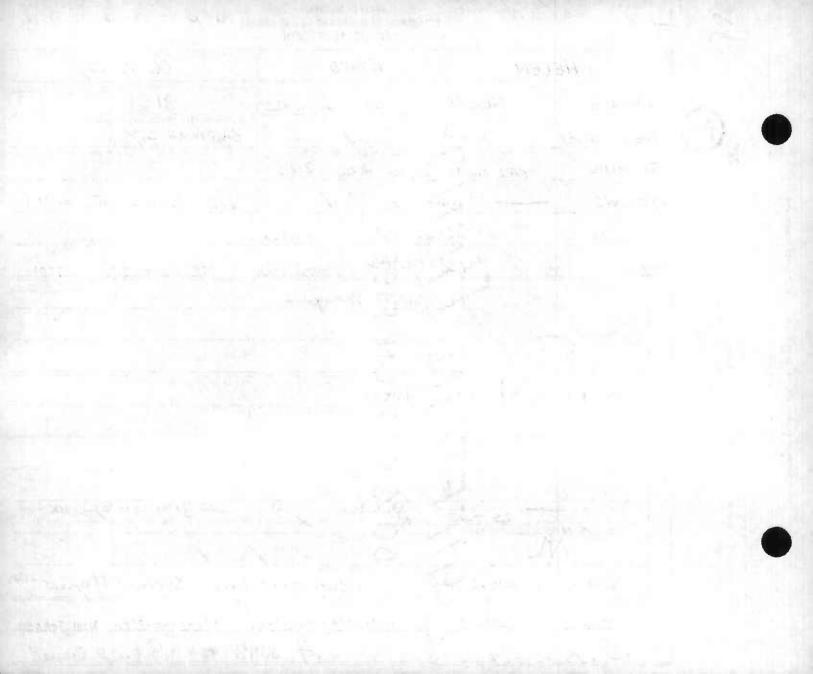
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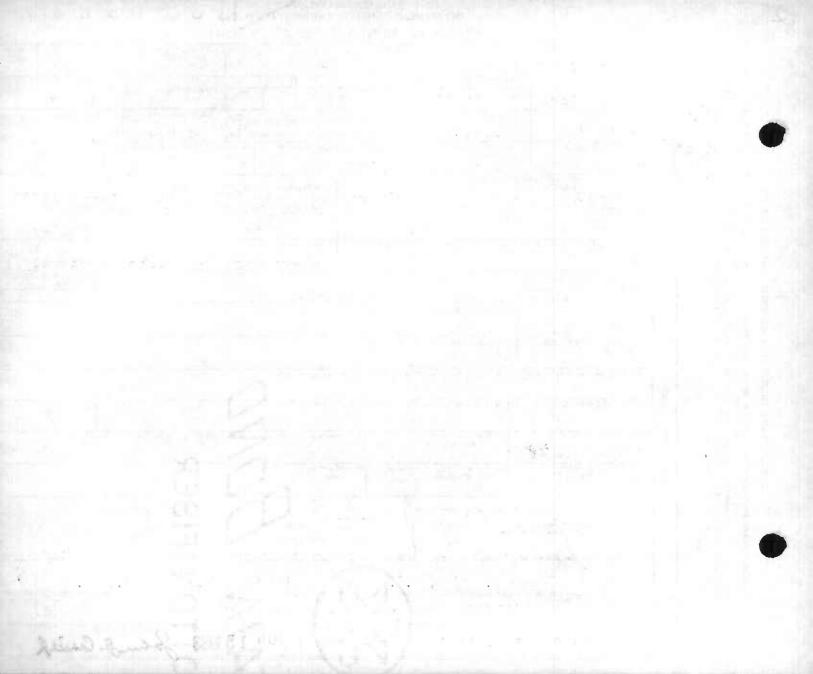
STATE OF MARYLAND



Ta	1,	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	SIENE 8 3	5 2 3 8
	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	20. 110 OK
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moy moy	3. 51	X	4. RACE	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
- SETRA	VL.	emale	WHITE	7 30 14	68 YRS.	
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s offer	4	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS) ILAND CANCEL CTR	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Secretary	126. KIND OF BUSINESS OR INDUSTRY Court
24 hour	. 13a.	STATE NO COU	NOTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY 13c. CITY OR TOW	VN 134. INSIDE CITY LIMITS?	130. STREET ADDRESS 103 LIBRATY	STREET
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Sicio pers ol.		18. CAUSE OF DEATH (Enter o	only one cause per line for (a), (b), ar	nd Ici Ti		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ALR in hos	3 6				YES NOW YES	
DIVISION OF VITAL ING PHYSICIAN: The r ottending physician for the certificate h as the buriol-transit p th ond handlell Higger orked or hem 18 show	7 8	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		AY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT 1 OR PART 2)
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PHYSICIAN: ending phys ending phys this certifical the buriol-troid Mental Hy	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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R ATTE hospital hospital hospital hed for hed for tem 21 item		sow the deceased alive or above, (I) (we) (did) (did n	ot) view the body ofter death.	83, and that in (my) (our) opinion	death accurred on the date and hour	and from the couses stated
0 0 11 6 1		226 SIGNATURE	71/ .11	DEGREE		22c. DATE SIGNED
Al O Al O deto oote Dote D IT. H	1	Michael	Nomilton		MEDICAL STAFF DIRECTOR PHYSICIAN	6/12/83
HOSPIT HOSPIT FUNER wid be the Ste	7	274 PHYSICIAN'S NAME (TYPE	. 1	220 ADDRESS		CEATTER
TO HOSPITAL (retained by the TO FUNERAL I Should be deto with the State I IMPORTANT: H		J. MICHAEL	HAMILTON 1	UD UNIVIOR BIS	ANTLAND CANCER	21201
Of a She	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		(SPECIFY) Burial	9/15/83 De	er Park Cemetery	D D 1 G	rrett Md.
DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR	1 H. X west	25a. DA	E REC'D. BY REGISTRATION, REGISTR	ANS SCHATURE
(VRA 15, 4)		Durst Funeral	Home Oakland	, Maryland Jul	1 1 1 1802 D	7

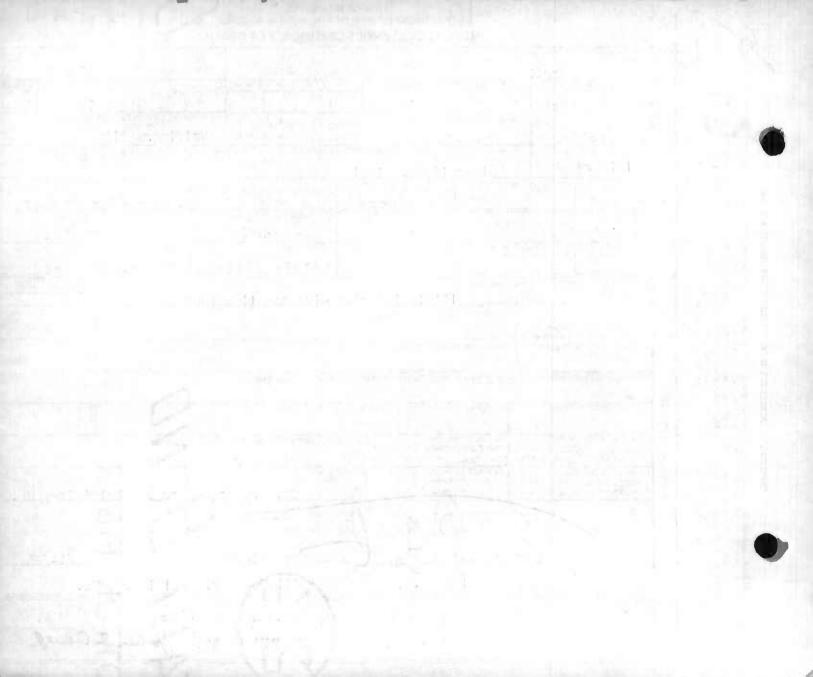
BY BE WID . Section 2 and Called Sections and Application of the Contract Cont

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	11-	STATE REGISTRAR				LEXAMINE					TH	REG. I	NO		177	
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A PIE	3. SE		4 RACE	S. DATE OF B		6. AGE (IN YEAR	s IF UN		IF UNDER		2c. DATE		MONTH	DAY		2d. HOUR
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Y SAL YOUR TIN	70 B	RTHPLACE (ST.		76. CITIZEN C				IED NE	VED AA ADD	IED [X]	9 BALTIM	ORE CITY	OR COUN			7/1
品品の意味		Maryla		U.	S.A.		WIDOW		DIVORC		Bal:	timor	e Cit	itv. "		
SENSE N	O C	ITY OR TOWN	OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [IF NOT IN SUCH EACHITY, GIVE STREET ADDRESS] 120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)							YPE OF WORK	VORK 12% KIND OF BUSINESS				
32 TA		Baltimo		Chui	rch Ho	me Hospi	tal					circo cice)				
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, IF ANY RETING THE WORD "PROBLED IN TIEM IS GOVER DEEST, I. BALTIMORE, MD. 21201 SCRIFFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RETING THE WORD "FROINCAL EXAMINER ALONG WITH FORM PM 3 REPORT OT HE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 RETING TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 RETING TO THE MEDICAL EXAMINER ALONG WITH FORM PM 3 RETING TO THE MEDICAL EXAMINER ALONG WITH FORM PM 3 RETING TO THE MEDICAL EXAMINAL HYGIENE, DIVISION OF VITAL REPORT OF PRICE OF PRICE OF THE MEDICAL CREMATION, OR REMOVAL.	13a. S	al residence (TATE Maryla	IF IN NURSING NOME OF IN IN COUNT	R OTHER INSTITUTION	13c. C	NCE BEFORE ADMISSION ITY OR TOWN Baltimo		13d. INSIDE CI	ITY LIMITS?	13e. STRE 26	ET ADDRE		on C	ourt	215	231
WD. 4	14. F	ATHER'S NAME		WIDDLE		***		15. MOTHE	R'S MAIDE				<u> </u>	0411	21	
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DO BATH, WITH THE STATE BATHMORE, MARYIAND, 2120		EXAMINER'S N (TYPE OR PRIN	Tho	mas D.	Smith	M.D.		ADDRESS	1111	Penn	St.	Ва	Ito.,	MD.		
Bb B		BURIAL	ION, REMOVAL 23	6/17/8	3 3	Cedar H	ill	R CREMATO Ceme	etery		lenbu	ırni	e cou	NTY	мď^!	E
DHMH - 17		UNERAL DIRECT			DBECC	TILL		12	250. PATE		REGISTRAF	15)-310	SISTRAR'S	SIGNATUR	E	
(VR A15 ME (5))	W	m C Ma	rch F/H	Inc.	T101	E Nort	h A	ve.	NOIN	15	1983	You	and	L Ga	ul	
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20M 4/82

STATE OF MARYLAND



(VRA 15, 4)

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5 5	1-	FOR STATE				MENT OF	HEALTH				3	1 5	2 4	2
(M)		REGISTRAR CEASED NAMI E OR PRINT)	Evelyn	VD Caprinolo DEATH MATED 0 6 1							DAY YEAR	26 HOUR		
DIRECT FILL ON STREET	3. SEX	F	14	5 DATE OF BIRTH		6. AGE (IN YE,	RS IF UN Y) MONTH S.		HOURS N	PRON	DATE IOUNCED DEAD	MONTH 6	17 1983	
A SECTION OF SECTION O	FOREIGN COUNTRY) MARYLAND			76. CITIZEN OF WE	3.A.	MARRIED ₩ NEVER MARRIED L WIDOWED □ DIVORCED □				В	altimo		MD.	
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ORE, MD. 212 DEATH. IF AN GES 1, 2, AN EM PM 3. REI AND 2 SPO FVITAL PEC		ATHER'S NAME	EARGE DEVER IN U.S. ARA		BEL	LAST	NO	15. MOTHEI		NAME	MIDDLE ADDI	DECC	LAST	
BALTIMORI JRS AFTER DE GIVE PAGE WITH FORM F. PAGES OF DIVISION OF	(Y	ES, NO, OR UNKNO	(IF YES, GIVE V		218	-58-9		Mes 1	Pen A. (aprin		PILN.	-	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WOOD. PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1.2, AND RDED TO THE OHE MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA RES SHOULD BE USED AS A BURIAL. TRANISIT PERMIT. PAGES 1 AND 2 SHOUL E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECO	Z	Condition gave ris cause (o) lying cau	ns, if any, which se to immediate stating the under-	DUE TO, OR	AS A CON	ISEQUENCE (DF DF				sease			SET AND DEATH
VITAL RECO	CERTIFICATION	19a. DATE OF	OR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY? YES □ NO 🂢					
DIVISION OF VIT THIS CERTIFICATE SH WRITING THE WOR WARDED TO THE CO AACE 3 SHOULD BE TATE DEPATIMENT 21201 PRICE TO BE	MEDICAL CER	UNDERLYING CONTRIBUTION	NG CAUSE OF D		. MONTH	DAY YEAR	21f_LO	CATION	OCCURRED	ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR P	ART 2)	
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TO MEDICAL EXAMINER. TI EXECUTINE CERTIFICATE. PAGE A SHOULD BE FORW TO FUNEAU DIRECTOR. P. A AFTER DEATH WITH THE SIT BALTIMORE, MARPHAND. 2	7	22a. I certi deoth result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	NAME DODO	e of the remoins des	Accident		Autop:	, Homici	de U, PECIFY) Istant	Undetermine		ond in my o	6-19	-83
BP		Bo Bo	~111	36. DATE 6 - 21 - 83		ARDEN		F FAL	TH	23d. LOCATH	SAKTO	IM.		STATE
DHMH - 17 (VR A15 ME M1)	1	NERAL DIREC	M. CO.	- 7521	14	arfor	JR.	2	JUN	20 19	83 25b.	registrar's	J. Comi	4

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2n DATE OF DEATH DAY 2b HOUR 50 0 IF UNDER 24 HRS YRS **BALTIMORE CITY OR COUNTY OF DEATH** 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY S.C. QUARTICO AND 21213 ARMICHAID DUS QUANTICO 13hours Somin CERVICAL CARCINOMA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO |

DHMH - 16 50M 1/B1 (VRA 15, 4)

22c. DATE SIGNED

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH DECEASED NAME FIRST (TYPE OR PRINT) **JAMES** FRANK CARNAGGIO 5. DATE OF BITT 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4. RACE 3. SEX DAYS ď8 White 84 Male 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Baltimore City U.S.A. Colorado WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION Service Man Stores Inc. St. Agnes Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1904 Ramsay Street 21223 Baltimore YES X Maryland NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Farace Josephine Anthony Carnaggio ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT 21223 In WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) Florance M. Carnaggio 1904 Ramsay St. 217-12-6218 NO APPROXIMATE INTERVAL BETWEEN ONS TAND DEATH 18 CAUSE OF DEATH (Enter only one couse per lye for (1, (b), and (c PART I DEATH WAS CAUSED BY 10 Line more IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if dny, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHERS GAIR CANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION 20b. IF YES, WERE FINDINGS USED ION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [YES [NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a. I certify that IF (I'm hospital avended the deceased from , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE MEDICAL STAFF ATTENDING PHYSICIAN 12e ADDRESS 23a. BURIAL, CREMATION WEMEN AL 23c NAME OF CEMETERY OF CHEMATORY 3d LOCATION 23b. DATE 6/29/83 Baltimore Buria1 New Cathedral Cem. Maryland 24. FUNERAL DIRECTOR

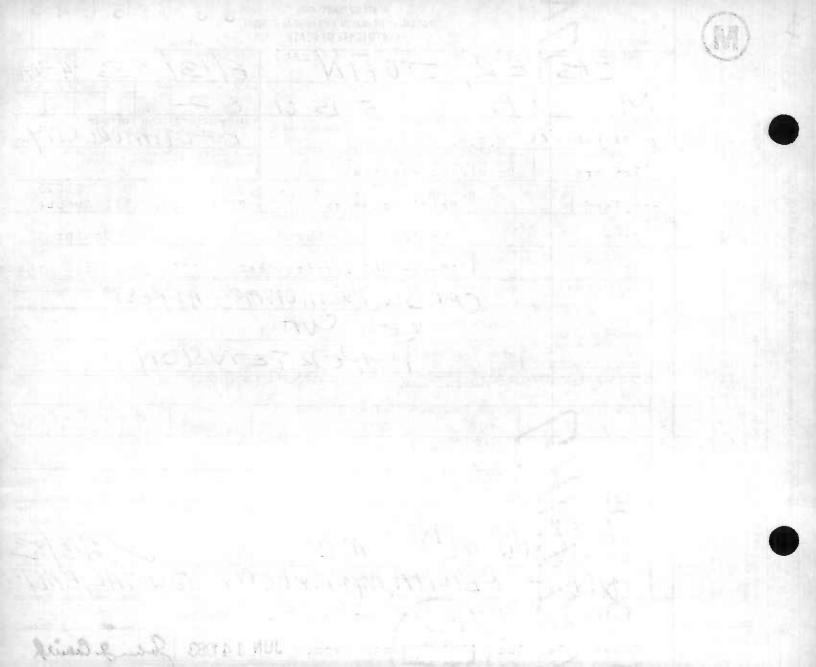
DHMH - 16 50M 4/82 (VRA 15, 4)

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should be

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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	1.	STATE REGISTRAR		HEALTH AND MENTAL HYGI FICATE OF DEATH	REG. NO	o.		
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13/	10 C	Baltimore	1. NAME OF HOSPITAL, NURSING HOME C (LENOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore City	HOSOI to 1	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			BUSINESS OR
35	13a 3	Maryland Bait	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION ITY OR TOWN IMORE BALTIMORE	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	alc Ai	re, 2	2/222
300	14. FA	Christus "	Christodoulon	15 MOTHER'S MAIDEN NAM	MIDDLE		LAST	
/ Page			WAR OR DATES) 240-03-94621	Mrs, Rose	Tsakalos ale Ave.	Si Itime	ore h	14.
corbin pripe , or removal. notic event. III		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		on Arrest		-	BETWEEN ON	IATÉ INTERVAL NSET AND DEATH
ol, cremation		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	al Puerrone				
Then pl r to buri injury, o	NO	PART 2 OTHER SIGNIFICANT CO	DNDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN	PART In	
if permit- liene prio	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	GS USED OF DEATH?		
ental Hyg	EDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	PART 2)	
h ond Morked or	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	VN C	OUNTY	STATE
of Heoli n 21 is mo		22a I certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not)	6(23 10 23	nd that in (my) (aur) apinion de	eath occurred on the do	te and hour and		not (I) (we) lost ouses stated
detached tate Dept		Th. SIGNATURE	20		MEDICAL STAF	F /	22c. DATE SI	1
should be do		22d. PHYSICIAN'S NAME ITYPE OR	Bernett	Baltimore	City H	ospita.	15	
~ > 5	(BUNIAL CREMATION, REMOVAL	236 DATE 236 NAME OF C 6-25-83 Greek		M. B. Him	IOC Bal	time	R. Mo
OM 1/81 5, 4)	124 FL	chelas T. Mat	thows, 3020/155 Easte	rn Ave 250 gale	PECE TREGES	SL REGISTRAR'S	SON	help

STATE OF MARYLAND

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MPORTANT:

STATE OF MARYLAND CERTIFICATE OF DEATH

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS march 20, 1999 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED TOWN OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) EAChER 0 Convalescent nursing + 13e STREET ADDRESS HOEKIX YES T NO X A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) A771 282-36-8047 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ARDio-RESP IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF YEARS CONGENTIVE Conditions, if ony, which gove rise to immediate cause to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. ASCUD YE ARI CARDIO MYODATHL 70 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION po THUROID 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO T YES [710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY TIE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART : OR PART 2) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MONTH DAY YEAR MEDICAL (IF EITHER NOTIFTMEDICAL EXAMINER) P.M. 19 71d. INJURY OCCURRED 71e PLACE OF INJURY 21f. LOCATION STREET CITY OF TOWN STATE AT HOME STREET FACTORY OFFICE FARM, ETC) WHILE NOT WHILE AT WORK 001 82 220.1 certify that (1)(this haspital) attended the deceased from un2 83 sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) we) (did vidid not) view the bady efter death 226 SIGNATURE DEGREE 27¢ DATE SIGNED ATTENDING MEDICAL STAFF 6.85 PHYSICIAN DIRECTOR PHYSICIAN

77e ADDRESS

mount

20

73c. NAME OF CEMETERY OR CREMATORY

POTOM AC

23d LOCATION

24 FUNERAL DIRECTOR Eugenia (VRA 15.4)

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

IMON

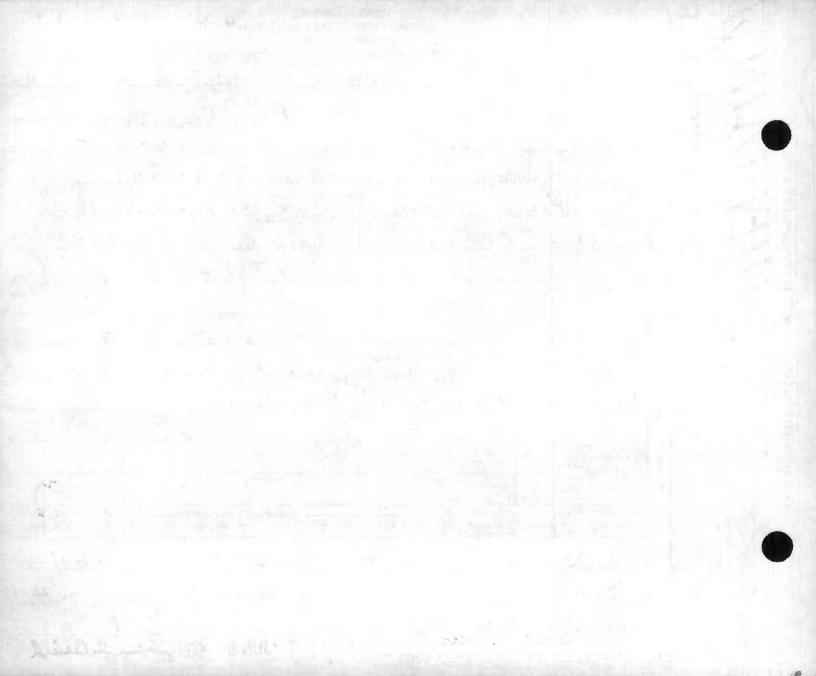
230 BURIAL, CREMATION, REMOVAL

Mitchell-Wiedefeld Home, Inc. 6500 York Rd.

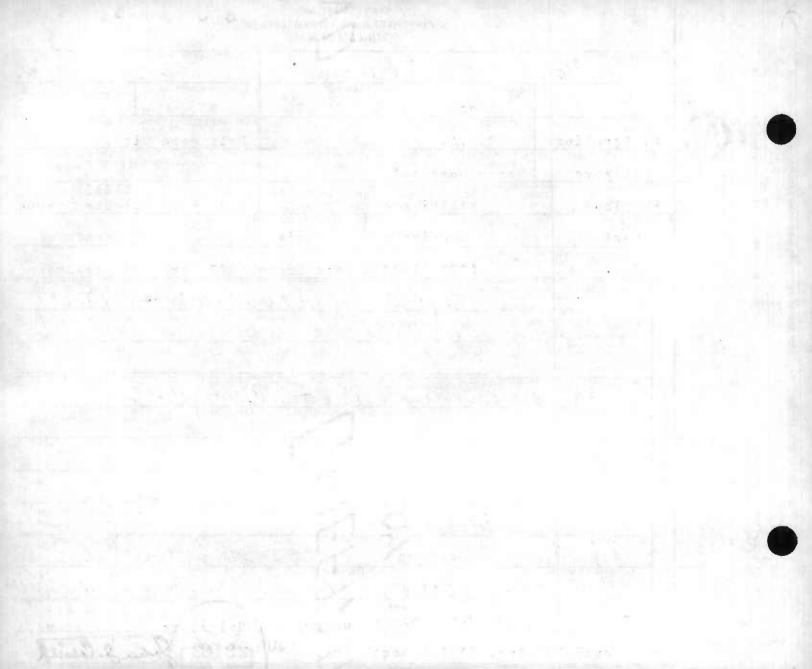
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nay be page 3	(TYPE OF	ASED NAME FIRST MILDRES) I4. RACE	EMM	A	ANE Y E OF BIRTH		20. DATE OF DEATH	4-83	YEAR	2b HOUR 10 20 M
s offer a	3. SEX	Female HPLACE (STATE OR FOREIGN	0	UHITE ZEN OF WHAT CO	0	5 22	16	66	YRS.	NTHS DAYS	HOURS MIN.
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W HO	ВА	OR TOWN OF DEATH LTIMORE	57	ME OF HOSPITAL, NOT IN SUCH FACILITY, G	SIVE STREET ADDRESS)	sital	ritution	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST HOMEMAKE	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
filled in outlif he	USUAL 130. ST	RESIDENCE (IF NURSING HOM	AE OR OTHER INS		OR TOWN	YES [NO 🗆		AFFORE) St.	21229
mplerely and 2 sh	14. FATE	HER'S NAME WILLIAM	WIDDLE	WILS	SON		S MAIDEN NA	UNKNO	WN	LAS	ī
BALTIMORE, MARYLAND 2120 BALTIMORE, MARYLAND 2120 cotte be executed within 24 hours. spiers, Poges 1 and 2 should be fill through. real. tt. the medical experiment mark be retired.		S DECEASED EVER IN U.S.	, ARMED FO S, GIVE WAR OR	DATES)	-01-8164		H S. CH	ADDI IANEY 3157	STAFFO	RD STE	229 EET
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert r ottending physicion. ther this certificate has been signed by the ottending is os the buriol-tronsit permit. Then please remove cortion th and Mental Hygiene prior to buriol, cremation, or ret orked or them 18 shows any injury, or other traumotic	5	Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause last	b DU	(c)	ONSEQUENCE O	<i>5</i>	TO THE TERM	NNAL DISEASE OR COI	ndition Given	IN PART 1	0.
N RECOR he low red on. t permit. T iene prior i	CERTIFICATION	a. DATE OF OPERATION	19b	. CONDITION FOI	R WHICH OPERA	TION WAS PERFO	DRMED	200 AUTOPSY?	206. IF YES, V IN CERTIFY II YES	NG CAUSES	OF DEATH?
ON OF VITAL ON OF VITAL In a physicion is certificate h buriol-tronsit I Memfol Hygies or frem 18 sho	CAL	To, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM Td. INJURY OCCURRED	MINER)	P.M.	NTH DAY YE	9 21f. LOCATIO	ON	RED (ENTER NATURE OF IN,		OUNTY	STATE
Pol or OR: A		WHILE NOT WHILE AT WORK 120. f certify that (1) (this has sown the deceased alive	nospital) atte	6-14	ed fram	- 13	19.83	to 6 - 1	.4 . 19	83	that (I) (we) lost
on hospital		above, (I) (we) (did) (di 20. SIGNATURE	Wen	Lujus	th.		ATTENDING PHYSICIAN [DIRECTOR PHYS		22c. DATE	14-83
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Stote I IMPORTANT: #		2d. PHYSICIAN'S NAME (1	DIEN				anes I	HOSPITAL -	BALTO -	MO	21229
BP	(51	rial, cremation, remo recify) . EMAT ION		6-20-83		OUDON PA			RE CITY		ARYLAND
DHMH - 16 50M 4/B2 (VRA 15, 4)		VERAL DIRECTOR NAME BARD FUNERAL	L HOME		ADDRESS	1229 ENS AVE.	250. 30	Ne 1. 7 1983	R 25 REGISTRA	AR'S EIGNA	HBELLAGA.

CANCELLE HILL SECTION OF THE SECTION

FOR

REGISTRAR

FIRST

13b. COUNTY

MIDDLE

LIF YES, GIVE WAR OR DATES)

Henry

4. RACE

Black

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

7b. CITIZEN OF WHAT COUNTRY?

U.S.A.

VAMC.

I. DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST CHAPPLE JR. 5. DATE OF BIRTH YEAR

MARRIED NEVER MARRIED

REG. NO 20 DATE OF DEATH

83 A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS 56 BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE, CITY 12n. USUAL OCCUPATION

12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE

3501 Plateau Avenue 21207

2b. HOUR

13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN Baltimore YES X 15. MOTHER'S MAIDEN NAME

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BALTIMORE, MD. 21218

Elnora Chapple, Sr 166 SOCIAL SECURITY NO.

WIDOWED

17. INFORMANT

26

DIVORCED

NO T

MIDDLE **ADDRESS**

13e. STREET ADDRESS

Scott

220-12-6338 Elnora Chapple 3501 Plateau Avenue

RT I. DEATH WAS CAUSE!	y one couse per line for (a), (b), and (c), b) BY: E CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1490 IMMEDIAT	DUE TO, OR AS A CONSEQUENCE OF (16) SQUAMOUS CELL CARCINOMAS OF	
e (a), stating the rlying couse last.	ALL PHARYNX, TONSIL AND LUNG	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION

21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M

21e. PLACE OF INJURY

19

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

211. LOCATION

CITY OR TOWN

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

YES [NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended, the deceased from

Md. Veteran Cem.

STATE

Mª.

DEGREE

ATTENDING PHYSICIAN

22e. ADDRESS

MEDICAL DIRECTOR | PHYSICIAN

200 AUTOPSY?

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL 236. DATE

23c. NAME OF CEMETERY OR CREMATORY

3900 LOCH RAVEN BLVD. BALTO. MD. 21218

Crownsville

24 FUNERAL DIRECTOR

25g. DATE REC'D. BY REGISTRAR 15h

DHMH - 16 50M 4/B2 (VRA 15, 4)

Wm C March F/H Inc. 1101 E North Ave.

7/1/83

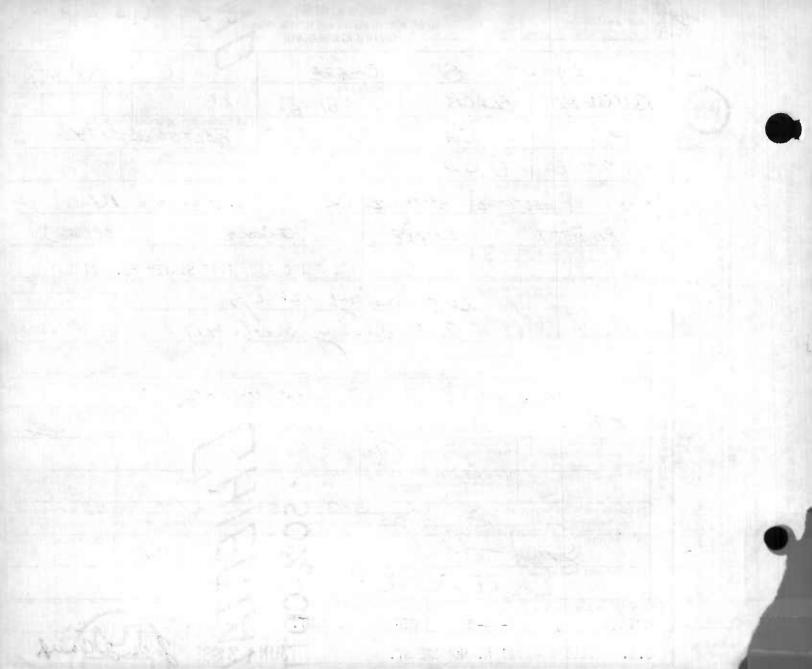
ESTERNISH THE ARE DESIGNATED IN THE A CANADA CONTRACTOR OF THE CON Will & BRE John & Comit is

E. L. PHILLIPS 1721 N. MONROE ST.

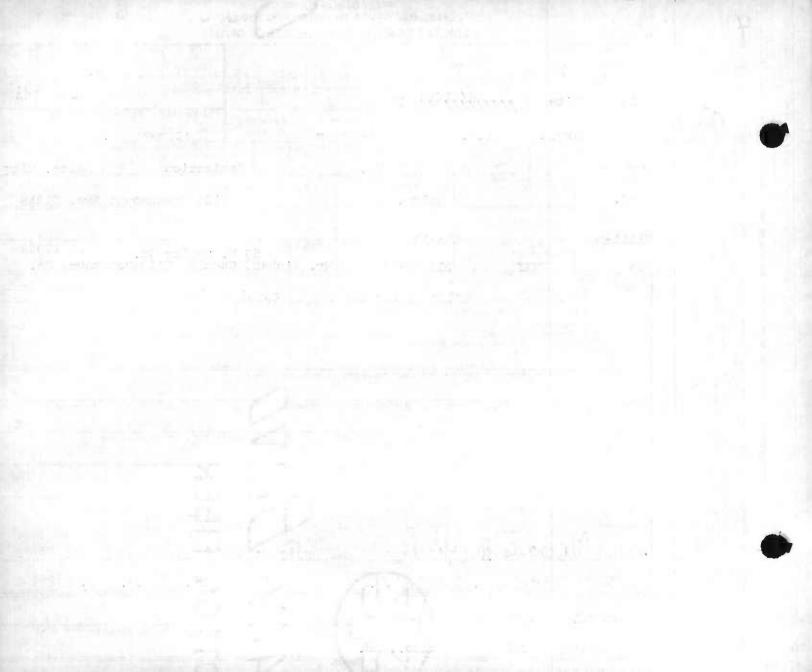
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	1 .			STATE DEPARTMENT OF HE	OF MARYLAND	HYCENE S	5 2 5	3
4	- 5	OR STATE		MEDICAL EXAMINE		OFDEATH		
		REGISTRAR CEASED NAME	FIRST	WIDDLE	LAST	20. DATE KNOWN		2b. HOUR
		OR PRINT)			01 71	OF ESTI- DEATH MATED		
FLEASE ECTOR. FILES. HOURS	3. SEX		Richard 15 DATE OF BII	Thomas RTH 6. AGE (IN YEARS	Chaulk IF UNDER 1 YR. IF UND	ER 24 HRS. 2c. DATE	6/23/83 9	7 / HOUR
프라프 오류			MONTH [A / T T YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	C 102 102	3:40 P M
N S S S S S S S S S S S S S S S S S S S	the same	Male Wh:	ite 4///	技化ナナ//≱/ 73 YRS. F WHAT COUNTRY? 18			6/23/8319 OR COUNTY OF DEATH	PM
- HARRINA	FOR	REIGN COUNTRY)			MARRIED NEVER MAI	RRIED 🔲	_	
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WE SESTIN	III CII	Y OR TOWN OF DEAT	(IF NOT IN SU	CH FACILITY, GIVE STREET ADDRESS]	K OTHER INSTITUTION	FOR MOST OF WORKING LIFE)	OR INDUS	TRY
SS. 28 PA	Ba	ltimore	2930 (Greenmount Ave.		Sanitation	Balto	City
SCENT OF	13a S1		SING HOME OR OTHER INSTITUTION 136 COUNTY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS	13e. STREET ADDRESS		
A A B D B C		Md.	Balto. YES NO 2930 Greenmount Ave. 21218 15 MOTHER'S MAIDEN NAME MIDDLE LAST U.S. ARMED FORCES? YES, GIVE WAR OR DATES! WWIT 212105881 Mr. Richard Chaulk Elizabethtown, Pa. Enter only one couse per line for (a), (b), and (c).) CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	1218				
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24 HOURS AFTER DEATH. IF ANY DELAY IS, ITEM IB. GIVE PAGES 1, 2, AND 31 OTHER ILONG WITH FORM PM 3. RETAIN PAGE PERMIT PAGES IAND 2 SHOULD BE FILEGIENE, DIVISION OF VITAL RECORDS, 2019 VAL.	1.			Chaulk				
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N SI			AS CAUSED BY: IMMEDIATE CAUSE (a)	Arteriosclerot	cic cardiovas	cular disease		
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BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD. "PENDING". IN PENCIL IN TIEM 1B. GIVE PAGES 1.2, AND INDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA 2E 3 SHOULD BE USED AS A BURIAL. "RANNIT PERMIT. PAGES, LAND 2 SHOULD IE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECO		cause (a) stating		, OR AS A CONSEQUENCE OF				
ZO NE EXA		lying cause last.	(c)					
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CHIEF A CHIEF	Ĕ						YES 🗆	NOX
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A S S S S S S S S S S S S S S S S S S S			V	, Accident , Suici		Undetermined manner]	
AM RTIF O BE MITH RYL		death resulted fram:	Natural causes A	, Accident L., Suici	TITLE (SPECIFY)			
WAY DE CE		ACTUAL	Deporto 12	ho years	M.D. Assista		DATE 6/2	24/83
ZEX SE	7	SIGNATURE	The state of the	ine il . var	M.D		SIGNED	
W C C C C C C C C C C C C C C C C C C C		EXAMINER'S NAME	Margarita A	. Korell, M.D.	ADDRESS 1	11 Penn St., Ba	1to., Md. 212	201
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAR DIRECTOR: PATER DEATH, WITH THE STABLIMMORE, MARYLAND, 2	72a BI	URIAL, CREMATION, RE			TERY OR CREMATORY	23d. LOCATION city or town		
	(5	PECIFY			TEST ON CREMATORT	CITY OR TOWN	COUNTY	STATE
BP	24. FI	Removal UNERAL DIRECTOR	6/23/83		250. DA	TE REC'D. BY REGISTS AR 125 PE	GISTRAPLATURE	9
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20M 4/82		HICCO	my Douza	Durect, 110				



3	1 -	FOR STATE REGISTRAR		DEPART	MENT OF HE	ALTH AND M	ENTAL HYG	REG. NO.	٦ ، ،	2 4
m 5		ASED NAME FIRST		MIDDLE	LAS	Ť		20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
by be deoth			TC	rances		havis			983	2:1304
ge 4 ma ectar, po		Female		ed 3	5. DATE OF	BIRTH 75	705	6 AGE (IN YEARS LAST BIRTHDAY) 78 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
4 65 6	1,50	THPLACE STATE OF FOREIGN		F WHAT COUNTRY?	8 MARRIED	NEVER M.	ARRIED -	9. BALTIMORE CITY OR COUN	TY OF DEATH	
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10 10 10	1	Baltimore	(IF NOT IN:	SUCH FACILITY, GIVE STREET Johns H	ADDRESS)			(TYPE OF WORK FOR MOST OF WORKING		
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BALI cote l		8 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one cause p	per line for (a), (b), con	d(ci.)	A	, ,		BETWEEN	MATE INTERVAL
ST.,			DIATE CAUSE (a)	Carall	puli	uona	m a	rrisi		1 Mis
he death cert he ottending emove corb motion: or te		7360		OR AS A CONSEQU	ENCE OF	Zi mai	um	8118	•	
PRES		Conditions, if ony, which gove rise to immediate		asin	COUNT	The	VOUVE	NACY!		
y to a party		couse (o), stating the underlying cause last		OR AS A CONSEQU	ANO VOL	sall	an a	anident	18	days
ned the pleo	ŀ	PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	DEATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE OR CONDITION C	IVEN IN PART 10	, +++++++++++++++++++++++++++++++++++++
RDS, and sign Ther to be injured.	N O	Atrial	Filoval	ation						
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r otherway physicals Wher this certificate has been sig os the buriol-tronsit permit. The th and Mental Hygiene prior to the hord Mental Hygiene prior to the ord Arental Hygiene prior to the ord Arental Hygiene prior to the ord Arental B shows any injury	CERTIFICATION	90. DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATION	WAS PERFOR	RMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDIN	OF DEATH
TALR I cighn, the loss sit pe giene shows	RTIE	none						YES NO	YES 🗌	NO
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SIC1.	MEDICAL	LIF EITHER, NOTIFY MEDICAL EXA	MINER)	P.M.	19		N			
PHY tenest the bi	MED	WHILE NOT WHILE	LAT HOME	E OF INJURY STREET, FACTORY, OFFICE,	ARM, ETC }	211. LOCATIO	N	CITY OR TOWN	COUNTY	STATE
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R ATTEN hospitol RECTOR red for used fo		saw the deceased aliv abave, (f) (we fidia) (di 22b. SIGNATURE	d not) view the bo	dy ofter death.		GREE			22c. DATE	
the District Herbert		At	Lam	er m		A1	TTENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/1	7/83
d by INERA		22d. PHYSICIAN'S NAME	YPE OR PRINT)	^ ^	410	220 ADDRESS		1 - 20 14	~ ~ ~ ~	100
TO HOSPITA etoined by TO FUNERA should be d with the Sto		MUBLE	W BE	HMPIL	MN	701	(N)	HOLKIN? HO	st. 15x	MOM
The second second	23a Bt	IRIAL, CREMATION, REMO				METERY OR C		23d. LOCATION	COUNTY	A STATE
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DHMH - 16 50M 4/82 (VRA 15, 4)		rles S. Zei	ler & Soi	Inc. 901	S.Con	kling S		N20 1983	Lug C	well.

Barth gardina M.A. " " United Street Assessment Legione I aggreen a green a cook out a consista TESTS ... Self-times to the self-times the 2/25 Welliam Workers Taries on since it, it works on against Appetro de la Colonia de la Co A STATE OF THE RESERVE OF THE RESERV الالله المستراسي والمستراسي والمستراسي والمستراسي والمستراسي والمستراسي والمستراسي والمستراسي والمستراسي والمستراسي Gunders, Ester & son me, 901 s. Convising is the street of

				STATE	OF MARYLAND	673 to 6	0 1/90	N ==
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A DE SES	3. SEX		5. DATE OF BIRTH	6. AGE (IN YEARS	IF UNDER 1 YR. IF UND	DER 24 HRS. 2c. DATE	MONTH DAY YE	AR 24 HOUR
O STATE	1	7- Col		1907 75 YRS.	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	6/24/8319	A.W
_ 44(MA)	FC	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WHA	T COUNTRY?	MARRIED NEVER MA	RRIED 🛄	Y OR COUNTY OF DEATH	
W SENT	10.6	Maryland ITY OR TOWN OF DEATH	U. S.			RCED Baltimo	9	MD.
KLAY IS TO THE TO THE INF FIEE	Ba	altimore	1044 W. S	TAL, NURSING HOME, OI TY, GIVE STREET ADDRESS! Baratoga St.	ROTHER INSTITUTION	FOR MOST OF WORKING LIFE)	OR INDU	ISTRY
21201 AND 3 RETAIN HOULD	13a. S	AL RESIDENCE (IF IN NURSING HOME TATE 136. COUNTY)		RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS		21: atoga 5+	223
MD. H. H. H. MD.	14.F/	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MA	IDEN NAME	LAST	
ANC GES AN PAR PAR		Washington		Boone	Ann		Brown	
SALTIMORE RE AFTER DE A C GIVE PAGES WITH FORM F F PAGES I AN DIVISION OF		VAS DECEASED EVER IN U.S. AR		66. SOCIAL SECURITY NO		B. Murray -	318 M. Calh	21223
M. M		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	ly ane couse per line fo	ir (a), (b), and (c).)			APPROXIM	MATE INTERVAL NSET AND DEATH
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10 D. W. 144	0.1	lying couse last.	(6)					
KECORDS, 201 LD BE EXECUTE PENIDING" IN MEDICAL EXU AS A BURKAL EATTH AND AN CREMATION	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE DR CONDITION GIVEN IN	PART 1 (o)		
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ONO STHE TO TH HOULI	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M.	19				
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MRI WRI WARE	1	WHILE NOT WHILE AT WORK						
DIVISION OF VI CATE, WRITING THE WO CATE, WRITING THE WO FORWARDED TO THE OR: PAGE 3 SHOULD BE THE STATE DEPARTMENT! ND, 21201 PRIOR TO BU		22e I certify that I took char	ge of the remains descri	bed abave, held an	Autapsy . Inspec	tran X, Inquiry ,	and in my opinian	
EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: , WITH THE S MARYLAND,		death resulted from: A Natu	ral causes X, A	ccident, Suicide		Undetermined manner].	
MAR WAR		ACTUAL WW	Whate A	o yh, Ol	TITLE (SPECIFY)	ant MEDICAL EXAMINER	DATE 6/2	24/83
MEDICAL CUTE THE SE 4 SHO FUNERAL FINANCE,	-	SIGNATURE	Who we will	Thos	M,D,	MEDICAL EXAMINER	SIGNED 0/2	.7/03
	1	(TYPE OR PRINT) Mar	rgarita A.	Korell, M.D.	ADDRESS 111	Penn St., Balt	to., Md. 2120)1
PATO PATO PATO PATO PATO PATO PATO PATO	23e.B	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMET		23d. LOCATION	COUNTY	STATE
BP	12	UNERAL DIRECTOR _	6-29-83	1/1+, Qu	LUKY	Batto	EGISTRAR'S SIGNATURE	rd.
DHMH - 17 (VR A15 MF (5))	0	NAME 1	all Toporess	10-101	أأي الم	JN 2 8 1983	EGISTRAR'S SIGNATURE	
(VK AID ME (5))	IL I	A P. S. I'M L.CO	/ 1 / / / / /	I LA TA LA LA V	110 10110	7 7 KI U 1.78 1. 1	MAR MAINTAIN	

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+1	1,	FOR STATE	DI	PARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYG	BIENE 8 3 1	5 2 5 6
	1. DI	REGISTRAR CEASED NAME FIRST	WIDDLE		AST a	REG. NO. 2a. DATE OF DEATH MONTH	25. HOUR
and (IM)		JOHN	I.	CHO	TNACKL	June 21, 1983	FUNDER I YEAR IF UNDER 24 HRS
ge 4 m	3. SI	Male	INHITE	MONT		5'3 YRS	MONTHS DAYS HOURS MIN
P. P. P.		IRTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	7b. CITIZEN OF WHAT COLUMN United State	AAADDIG	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY Baltimore Cit	
s ofter decided extrangle	10.0	TITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	NURSING HOME (VESTREET ADDRESS)	DROTHER INSTITUTION DSpital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Electrician	126. KIND OF BUSINESS O
124 hours	USU 130.	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN Maryland -	OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION) OR TOWN timore	13d. INSIDE CITY LIMITS? YES MO		St. (21224)
sote be executed within 24 hours sicion and completely filled in the opers. Pages 1 and 2 should be full it, the medical examine (interpretation), the medical examine (interpretation).	14. F	Joseph	- Chojna	eki	15. MOTHER'S MAIDEN NA PIRST Polagia	MIDDLE	Wasowicz
n ond co Poges 1	160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIN Yes	E WAR OR DATES)	22-2095	Joan Cho.jaac	ADDRESS cki 719 S. Dean	St. / 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ot the death certific y the ottending ph se remove carbon p cremotion, ar remo		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CO	1) pulme NSEQUENCE OF	nay arres	T	minutes
he low requires those he has been signed the premit. Then plee ene prior to burious ony injury, or	CERTIFICATION	ANOXIC BRAIN	19 CONDITION FOR	Sp cau	NOT RELATED TO THE TERM CLUC OWNED IN WAS PERFORMED	IN AUTOPSY TOUR IN CERTILING THE CERTILING T	VEN IN PART TO SIGN SING USED DING CAUSES OF DEATHY
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DR ATTE hospito pirecto ched for dept of the		22b. SIGNATURE TO PHU	in view the body ofter deat	h. 19_83	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	deoth occurred on the dote and ho	me date signed
TO HOSPITAL Cretoined by the TO FUNERAL Eshould be detacted with the Store EMPRANT: If		Parule 2	. Coon.		BCH- 8	Easternaire B	also, md 2/2
BP		Burial, CREMATION, REMOVAL (SPECIFY) Burial	June 25,83		cemetery or crematory of Faith Cet		timore Co., Mo
DHMH - 16 50M 4/B2 (VRA 15, 4)	24	FUNERAL DIRECTOR Lilly & Zeiler	Inc. 700 S. d	onkling		TE REC'D. BY REGISTRAR 256. REGIS	TRAN'S SIGNATURE

MALE LAHOE 9-14-29 erors heright to the and Bal tittore (City) Baltimore Oity Mospical Electrician Discretical Margined . E com No Kenthan St. (2008) Joseph - Choimenii Folgris - (proview. Yes Hill Electron John Chelmont To I. Dean Bb. / Bleck The sentent of Follow Com: - - Enlinese Co., Md.

Allie & Seiler Inc. 700 S. Cockling St. /21251 July 2 Seiler Inc.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	CEASED NAME	FIRST	AA	IDDLE	l l	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
		Marv	West of the second	Irene	(CHURCH	June 11.	1983			12.45
3. SE	X		RACE		S. DATE C		& AGE LIN YEARS LAST			RIYEAR	IF UNDER 24 HR
E	Female	17.	White		MONTH	DAY YEAR 7 4 1911	71	YRS	MONTHS	DAYS	HOURS MIN
7a. BI	IRTHPLACE (STATE O	R FOREIGN	b. CITIZEN OF W	HAT COUNTR	Y7 8	XX NEVER MARRIED -	9 BALTIMORE CITY		TY OF DE	ATH	
	Marvland		U.S.A		WIDOWE		Baltimo	ro Cit	- = 7		
	ITY OF TOWN OF D	EATH	NAME OF H		SING HOME C	R OTHER INSTITUTION	12a USUAL OCCUPA	TION	12b.		BUSINESS
11	Baltimore	1		more Ci		oitale	Home ma		LIFE) IND	USTRY	
USU	AL RESIDENCE (IF NE	IRS OR OR	THER INSTITUTION C	IVE RESIDENCE BEF	ORE ADMISSION)						
		Delt		13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			07.0	0.4
	Maryland ATHER'S NAME	BSIT	imore	East w	700a	15 MOTHER'S MAIDEN NA	7909 Ban	K_Stre	eet	212	24
1	FIRST		NDDLE	LAST		FIRST	MIDDLE			LAST	
1An V	Maximil WAS DECEASED EVE		ranckow	iak 166 SOCIAL SE	CLIDITY NO	Katherine	Posniak	DECC			
	YES, NO OR UNKNOWN)		WAR OR DATES)				Baltimo				
	No			215-09-	6120	Robert M. El	liott 7909	Bank			
	18. CAUSE OF DEA	TH (Enter onl	y one couse per l	ine for (o), (b),	ond ici.i		4 - 101		8	APPROXIM	ATE INTERVAL NSET AND DEA
	4149		CAUSE (o)	LARDIA	oc HR	eest				Hou	25
1	11/1/										
			DUE TO OR	AS A CONSEC	DUENCE OF						
	Conditions, if or	y, which	DUE TO, OR	AS A CONSEC		ARTERY DISE	Ase			4-1-	83
	gove rise to in	nmediote	(b)	Cor	ONARY	ARTERY Dise	Ase			4-1-	83
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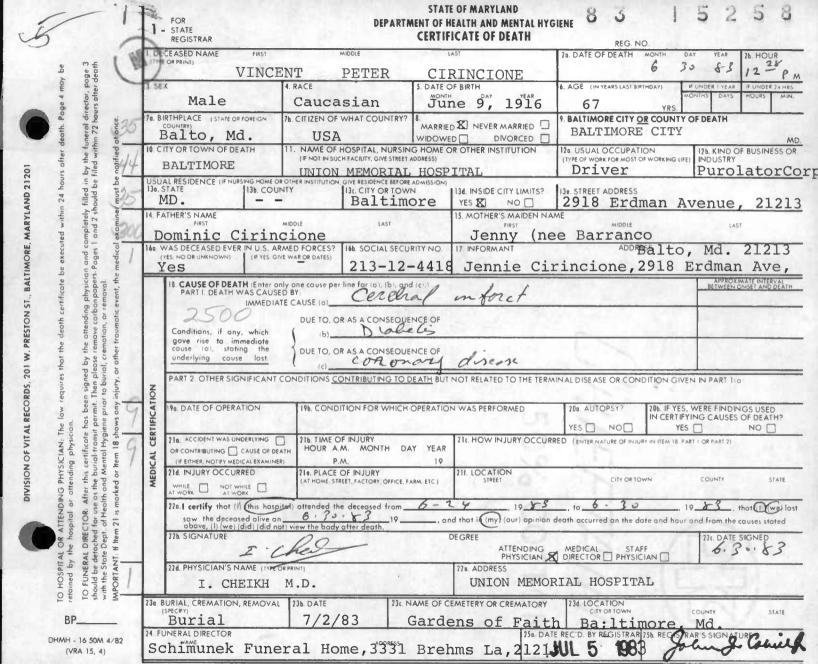
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pewith the State Dept. of Health and Mental Hygiene priar ta burial, cremation, or removal.

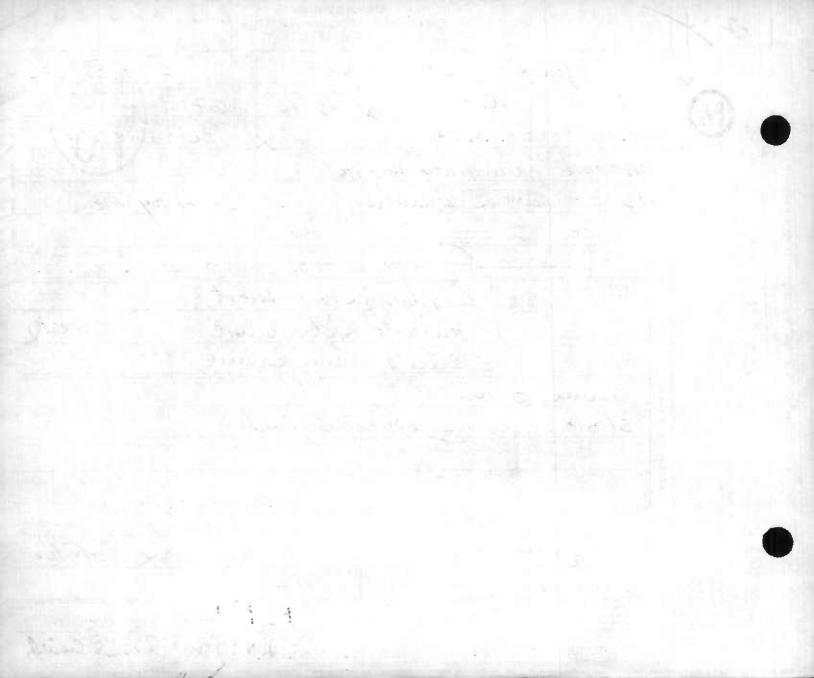


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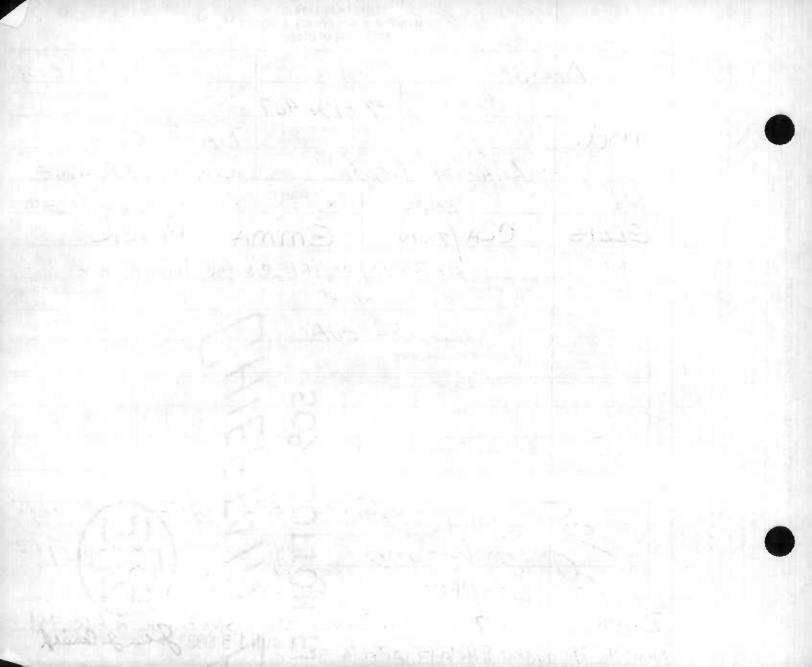
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				STATE OF MARYLAND	83	5 2 0 4
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE	
-		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
4		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOURS
poge 3	TIME	Florence	e DENNIS	Clash	June	2 1983 10 PM
od o	3. SE:		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
grange, and	F	emale	BINCE	S 7 1909	74 YRS.	
点別しつに		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	TY OF DEATH
11/1/2		MARCULANA	1150	WIDOWED DIVORCED	BAIMMU	
23 GA	18_C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF PUSINESS OR
P (10)	1	KAITO		enter	Housewike	
be filed	USU	TATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N 113d, INSIDE CITY LIMITS?	13e. STREET ADDRESS	12 d ld 00
Pla Co	1	Ma	RAITO	YES A NO	1005 (Re	et 5t
	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE	. Ilst
xomine	1	John	DENNI	5 ANNIE	Ke	MO/d5
medical		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECULAR OR DATES)	JRITY NO. 17. INFORMANT	ADDRESS	
medicol	(YES, NO OR UNKNOWN) (IF YES, G	219.30	-102/ JOHN (ORN	Clius C. Mrs. 1	DOS Creek St
		18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b), or	nd (c).)		BETWEEN ONSET AND DEATH
n, or removal.		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a) Ressursa	ulcary offoot &	leif Esepsis	
		4210	DUE TO OR AS A CONSEQU	ENCE OF		
om.		Conditions, if ony, which	(Mulle	SL CUAIS		
r tro		gave rise to immediate cause (a), stating the	DUE TO, ORAS A CONSEQ	ENCE OF		
urial, cremotian, or 1		underlying cause last.	DOE 10, OTTO	ulea		
uriol 7. or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION G	SIVEN IN PART Ita
permit. Then price prior to bu	NO					
ony in	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICE	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
Ows Ows	Ě	The state of the s				YES NO
Mental Hygiene or Item 18 shows	CER	21a. ACCIDENT WAS UNDERLYING	THOUSE A MA MACRITULE		RRED (ENTER NATURE OF INJURY IN ITEM 1	8 PART I OR PART 2)
Item 1	AL	OR CONTRIBUTING CAUSE OF D	EAIN	19		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY
	2	WHILE NOT WHILE AT WORK				0-0
is mor		22a. I certify that (I) (this has	pital ottended the deceosed from	marce 18 , 1977	10 June 2	_, 19, that (1) (we) ast
of H 21 ii	1.17	show the deceased alive of		ond that in (my) (aur) opinion	n death acquired on the dote and h	our and from the couses stated
Dept.		226 SIGNATURE	4 . 1)	DEGREE		22c. DATE SIGNED
		Modian	alkand.	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/3/83
with the State [1	THE PHYSICIAN'S NAME TITE	OK PHINT)	22e ADDRESS		
with the State	15	JULIAN C	U.KEED MID.	6115 CH	AS. ST BALT	8. ME>123X
3 ₹	23a.	BURIAL CREMATION, REMOVA	1 23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	7,000
		THE CIRILA	6-7-83 1	MT. AUDURN COL	1. ROLLINGE	COUNTY
	24 F	UNERAL DIRECTOR	Thompson			ISTRAR'S SIGNATURE
0M 4/82 4)	1	BROWNT -	- UNERAL ADDRESS	OME BARS SIND	N 7 1983	my wanted
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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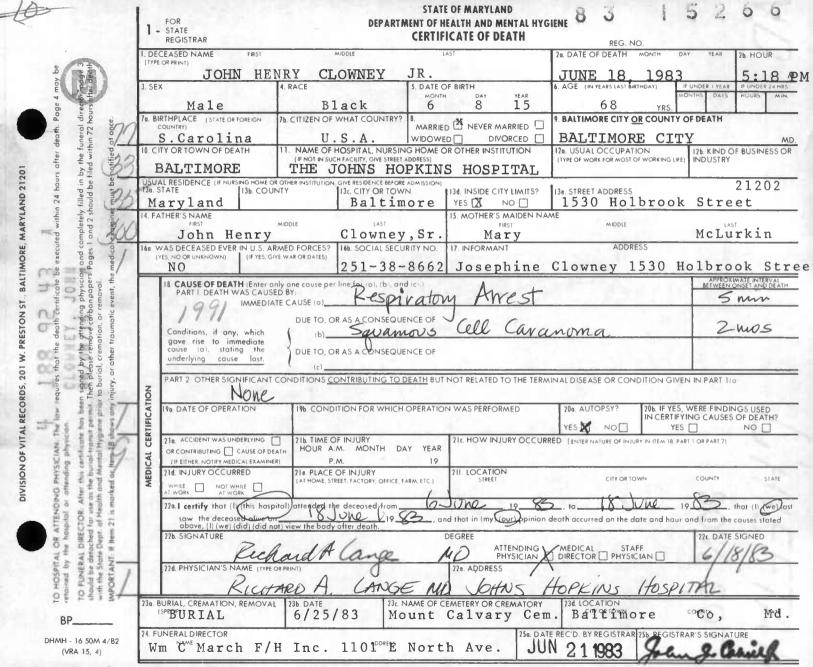


deoth. Page 4 r		CEASED NAME FIRST OR PRINT) RICHIARD	MIL	DLE	LAST					
death. Page 4.	3. SE)						26. DATE OF DEATH	MONTH DA		26 HOUR
death. Page 4	3. SE)	(C1	CL	EMENSI		4	29	83	A
deoth.			4 RACE		5. DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	HOURS MIN
de oth.		M	~		11 1	7 18	69	YRS.		
ins ofter death	70. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIED X	IEVER MARRIED	9 BALTIMORE CITY Q	R COUNTY C	FDEATH	
by the design of	1	1.5, A. III.	4.5	A.	WIDOWED	DIVORCED [BALTIM	ORE	C17	-4 1
to soft	10. CI	TY OR TOWN OF DEATH		SPITAL, NURSIN	G HOME OR OTH	R INSTITUTION	126 USUAL OCCUPATE	ON	12b. KIND	OF BUSINESS C
	B	ALTO, MD	Mer		OSPITAL	- INC.	INSURANC		INDUSTRY	les
D	USU/	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, G	VE RESIDENCE BEFORE	ADMISSION)		4	_	1500	71+
22 all 20	100. 0	MO		BALT		SIDE CITY LIMITS?	130 STREET ADDRESS	par.	51	SOL MAN
量 養養	14. FA	THER'S NAME				THER'S MAIDEN NA		- FRAA	. 5/.	
p du To		FIRST	MIDDLE	LAST		FIRST	MIDDLE	100	-	AST
S S S		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	6b. SOCIAL SECU		14R6-ARE	ADDRE		DERS	010
n ond c		(IF YES, GI	VE WAR OR DATES)				M. Clemense	n 904	St	Paul St
rs. P		Yes	WW II	333 03	occon in c	• Bolothy	II. OTCHICITS	-11 70-		XIMATE INTERVAL
s that the ed by the please re- rial, crem or ather		cause (a), stating the underlying cause last.	(c)	AS A CONSEQUE						
signe Then p to bur	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CON</u>	TRIBUTING TO	DEATH BUT NOT RE	ELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 1	(0
The low reician. It has been sain permit. It giene prior shows ony i	CERTIFICATION	190. DATE OF OPERATION	196. CONDITI	ON FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY?	206. IF YES, Y IN CERTIFYI YES		INGS USED S OF DEATH?
1YSICIAN: The ding physicion is certificate h burial-transit p Mental Hygien	CER	216. ACCIDENT WAS UNDERLYING	110110 1 11	MONTH DA	21c. H	OW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2)	
ICIA B plantification	AL	OR CONTRIBUTING CAUSE OF DE	A111	MOITIN	19	-				
DING PHYSICIAN: or attending physicians after this certifical certifical or as the burish that worked on the morked or, termally	MEDICAL	216. INJURY OCCURRED	21e. PLACE OF	INJURY	211. LC	CATION	CITY OR TO	MATEL	COUNTY	STATE
Of at o at	*	WHILE AT WORK	(AT HOME, STREE	T, FACTORY, OFFICE F	ARM, ETC)	SIREET	-		000111	STATE
		220-1 certify that (1) (this hasp	ital) attended the	deceased from_	6/1	4 19 73	3 to 61	7 9 19	83	, that (I) (we) le
TTEN pital TOR: for us of He		saw the deceased alive ar			73 and that	in (my) (our) apinion	death accurred on the de	ate and hour o		
A & O D S E		above, (I) (wex (did) (did no	view the bady at	ter death.	n DEGREE				22c DAT	E SIGNED
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HOSPITAL ned by the FUNERAL life State ORTANT, H		77d. PHYSICIAN'S NAME (TYPE	OR PRINT)	amore		DDRESS 30/	DIRECTOR PHYSIC	IAN	(0/0	-7/83
TO FUNE should be with the S		= 1 9	0	1-11		301	21. PAU			
00004	22. 7	Stephen 13	1 am	pbell,		nercy	Hospital	, B	9270	ind
1000	23e. B	urial, cremation, removal Cremation	6/30/83			RY OR CREMATORY	23d LOCATION CITY OR TOWN Baltime	3.5	COUNTY	STATE
BP		INERALDIRECTOR	0/30/63	, G	reen moun	t Cemetery	baltimo	ore, Mo	l e	

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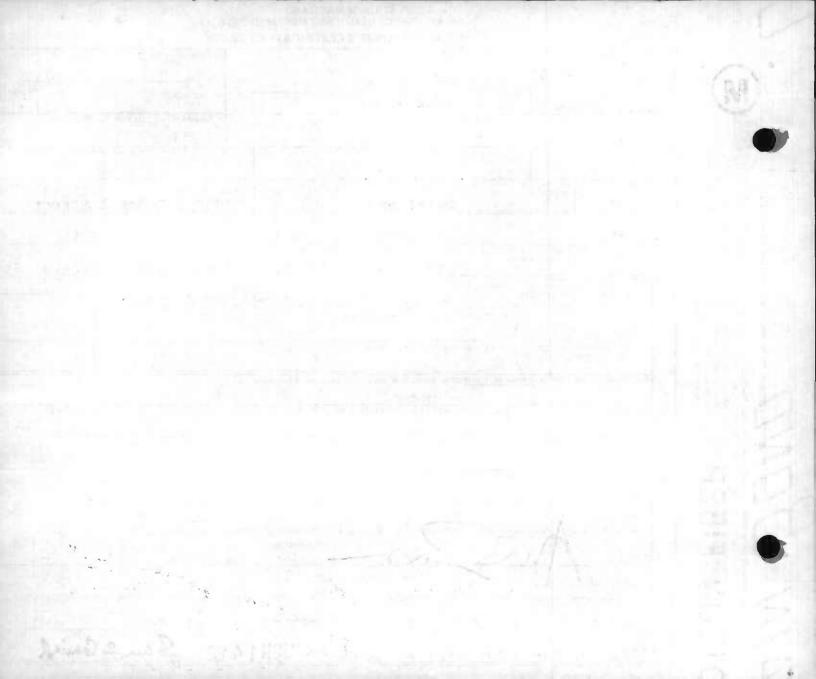
- 1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE S 3 1	3 % 0 3
	PECEASED NAME FIRST BENJA	MIN FRANKLIN	CLEMENTS	JUNE 29, 1983	26. HOUR 6:06A
(An	Male	4 RACE White	5. DATE OF BIRTH MONTH June 26, 1919	6. AGE (IN YEARS LAST BIRTHOAY) 64 YRS	FUNDER LYEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN.
21 19	BIRTHPLACE (STATE OR FOREIGN SOUTH Carolina	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED TO NEVER MARRIED TO NOTICED TO DIVORCED	BALTIMORE CITY OR COUNTY	
10	BALT IMORE	11. NAME OF HOSPITAL, NURS II (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HO		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE Lumber and Aut	12b. KIND OF BUSINESS OR INDUSTRY Business
5 US	Maryland How		YN 13d. INSIDE CITY LIMITS? YES NO K	P.O. Box 355	21771
	FATHER'S NAME FIRST Maxie	Leroy Clemen		een MIDDLE	Hasty
2 160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b. SOCIAL SECULAR OR DATES) 251-07-		e Clements, Ite	m 13
	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUENCE (b) Ventral	ence of	+	BETWEEN ONSET AND DEATH 60 min
CERTIFICATION		y artery dis	DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
MEDICAL CERT	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH HOUR A.M. MONTH D	19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2) COUNTY STATE
	sow the deceased alive of	pital) attended the deceosed from on June 29.	300 28 , 19 8	n deoth occurred on the date and hou	19
7	22d PHYSICIAN'S NAME (TYPE MICHAEL	SCHINDLER	MP ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN B	6/29/83 spital
230	BURIAL, CREMATION, REMOVA	July 2,1983 23c.	NAME OF CEMETERY OR CREMATORY Pine Grove	Mt. Airy, C	COUNTY STATE
24	Olin L. Moles	sworth, P.A. ,Dar		ATE REC'D. BY REGISTRAR REGIST	J. Courel

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X 26 HOUR (TYPE OR PRINT) ESTI- . DEATH MATED FLMORE COLEMAN 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 1905 78 YRS male black 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? 78 BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED DIVORCED Va US 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS GIVE PAGES 1, 2, AND 3 TO THE THE FORM PM 3. RETAIN PAGE PAGES 1 AND 2 SHOULD BE FILED VISION OF VITAL RECORDS, 2019 Baltimore Federal 21213 UF COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 3000 E.Federal Street Baltimore NO [Md 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Coleman Susie Smith Beverly 7. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Ophelia Coleman 3000 E. Federal 217-098390 No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a) Hypertensive & arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Lung cancer 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, NO X EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIQR TO BE 21a, EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 71f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK 22e. I certify that I taak charge of the remains described above, held on Inspection death resulted from: Natural sauses Hamicide Undetermined manner TITLE (SPECIFY) 6-10-83 Assistant SIGNATURE 111 Penn St., Balto., Md. 21201 EXAMINER'S NAM Ahn M. Dixon, M.D. (TYPE OR PRINT) 23a BURIAL, CREMATION REMOVAL 23b DATE 23d LOCATION STATE Baltimore Cemetery Burial 6/14/83 Md BP 24. FUNERAL DIRECTOR DHMH - 17 Ave JUN William C. March F/H 1101 E. (VR A15 ME (5)) 20M 4/82



Wm CameMarch F/H Inc. 1101 E North Ave.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

- STATE

(VRA 15, 4)

REGISTRAR

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IMPORTANT: If Hem 21 is marked at Hem 18 shaws ony injury, or ather traumatic event, the medical examiner

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Н	3. SEX	Κ		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS	
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	AL	OR CONTRIBUTING		AIR		19						
	MEDICAL	21d. INJURY OCC	URRED	21e. PLACE	OF INJURY		211 LOCATION	City as to	OWN	COUNTY	STATE	
	×	WHILE NOT	WHILE WORK	(AT HOME, STA	REEL, PACTORY, OFFICE, PA	ARM, ETC.)						
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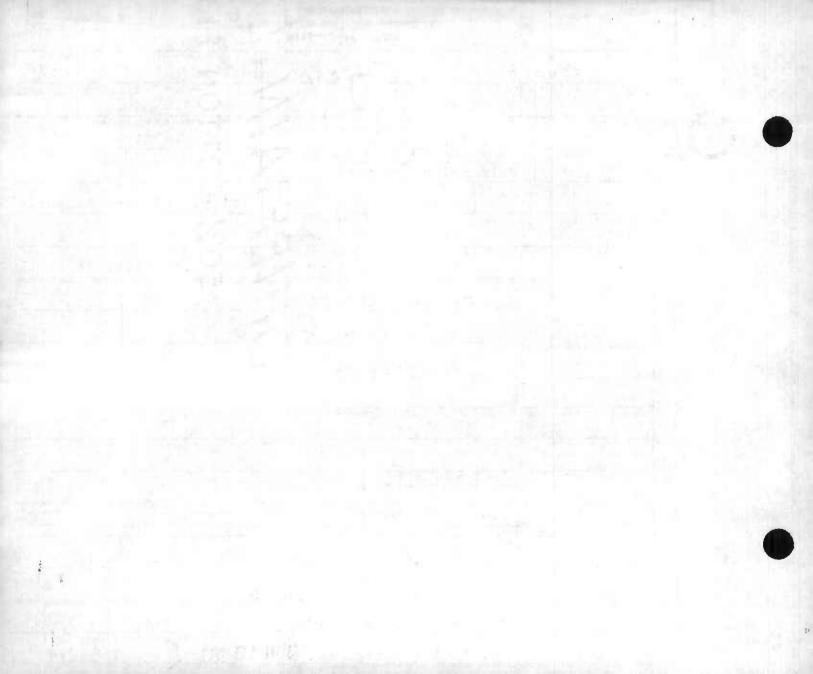
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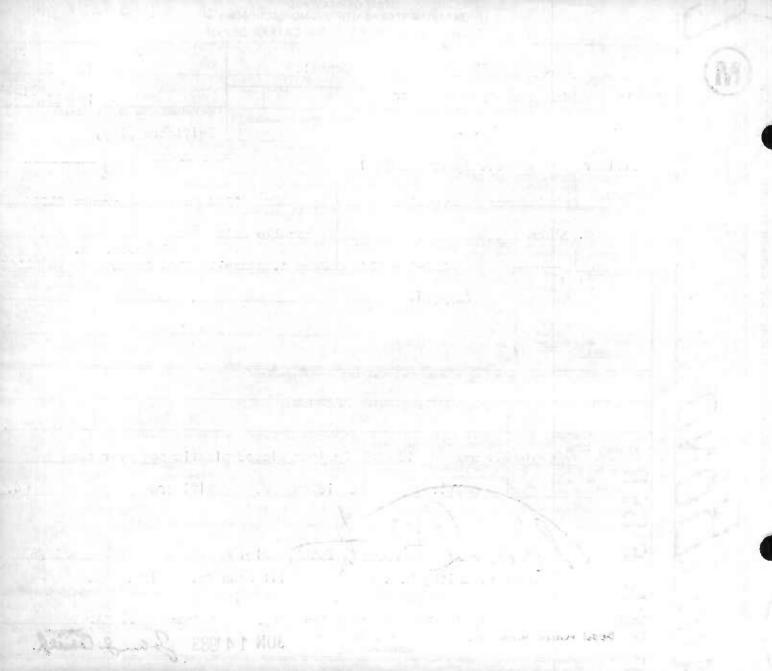
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DIVISION OF VITAL R TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEFAURENT CHIEF. BAATIMORE, MARYLAND, 21201 FFIGSTOR BURNAL	MED	21d, INJURY O WHILE AT WORK	NOT WHILE D	X 21e PLACE OF INJURY STREET, FACTORY, FARM, E	TC }	STREET	ham Rd.		TY OR TOWN		UNTY	STATE Md.
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E, MAR	axanin	JOHN		H.	TOLSON		MA R		MIDDLE		WI(GGINS
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00		220.1 certify to sow the coppye.	eceosed alive	sital of other ided the body view the body	e deceased from	83.0	nd that in (my) (out	r) opinion dec	th occurred on the d		ond from the c	that (we) lost
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O HOSPI	should be deto with the State [IMPORTANT: #		N'S NAME (TYPE	D. CHE			22e. ADDRESS	JHH				
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HOSPITAL OR ATTENDIned by the hospitol or FUNERAL DIRECTOR. A solid be detoched for use in the Stote Dept. of Heol ORTANT: If them 21 is m			22a.1 certify that (1) (this hosp	n Vule 35 of) view the body ofter death.	19 83.0		AS HOPKING IT	hour and from the causes stated 272. DAT/ SIGNED 6/30/83 5/14a 40 UI) 2/205
Bb O o o o o o o o o o o o o o o o o o o	2	3a Bl	URIAL, CREMATION, REMOVAL PECIFY) Burial	Jul 5 1983		EMETERY OR CREMATO	RY 23d LOCATION	le count Maryland it
DHMH - 16 50M 4/B2 (VRA 15, 4)	2		NERAL DIRECTOR Seonard J. Rucl	k, Inc. Balti	more, Ma	aryland 1250.	DATE RECOMBLY REGISTRAN PORE	GISTRAR'S SIGNATURE

And Constant of the party of the state of the horizon militare della compania della compania Terrert .. tuck, inc. laltimore, marginal 2 / few lines - STATE

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

REG. NO

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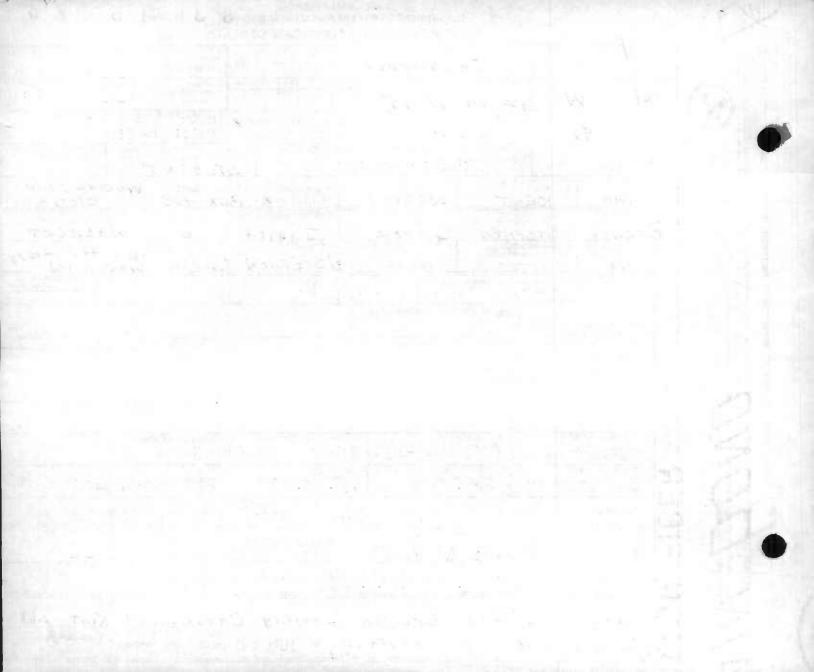
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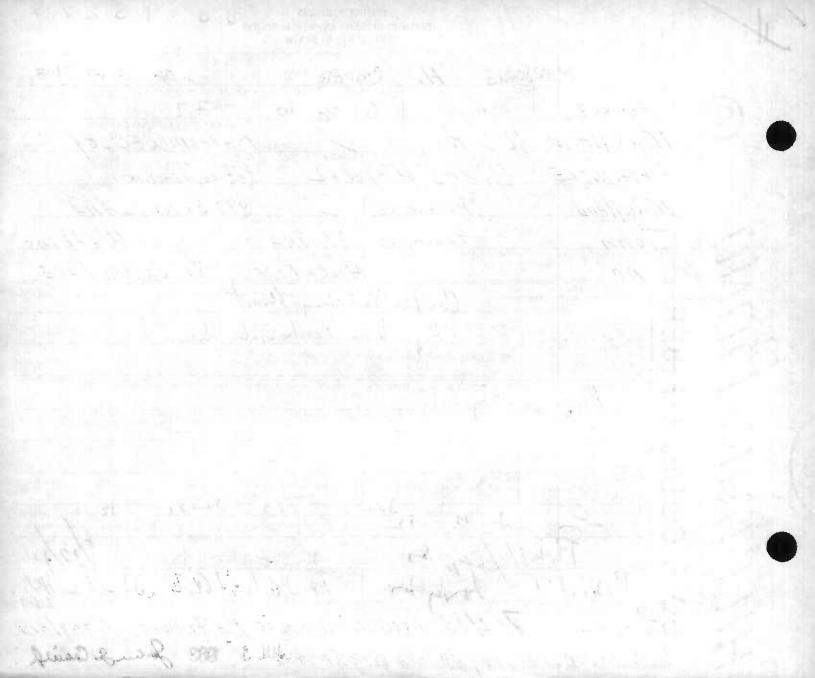
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		FOR STATE REGISTRAR		RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	5 2 / /
	{TYPE	OR PRINT)	JORIE H	COOPER	20. DATE OF DEATH MONTH	27 83 9:58 P.N
	3. SE	FEMALE	BLACK	5. DATE OF BIRTH MONTH DAY YEAR 260	6 AGE (IN YEARS LAST BIRTHDAY) 7 7 YRS	
235	11	TARVIAND	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	ECLES MD
potitied 2	E	AHIMORE	11). NAME OF HOSPITAL, NUF	RSING HOME OR OTHER INSTITUTION REET POPRESS)	170 USUAL OCCUPATION (179 OF WORK FOR MOSTOF WORKING	
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O	14. FA	THER'S NAME	MIDOLE LAST	15. MOTHER'S MAIDEN N		18/alasty 6 2 to a
medicol		(IF YES, GP			ADDRESS 817 BR	MATEINS
injury, or other traumotic eve	NOI	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSE	que lens m. Carolina	Extension Condition C	GIVEN IN PART 110
Shows ony	CERTIFICATION	190 DATE OF OPERATION		ICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \[\text{NO} \text{\tilit{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex
18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19 21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 1	8 PART OR PART 2]
morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
Hem 21 is mo			ital) attended the deceased fro	C-	n deoth occurred an the dote and h	19 13 that (I) (we) last our and from the causes stated 22c. DEFENIGNED
*		22d. PHT ICIAN'S NAME (TYPES	OR PRINT)	ATTENDING PHYSICIAN		129/13
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	6	URLAL	1/2/83	RBUGUS MEMBLIAL	PK BALTIMORE	MARYTAND
/81	11	MERAL DIRECTOR NEW BROWN CON	mounder F.H.	206-08 WEST NORTH	L 1 1983 2	STRAITS SIGNATURE



+	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 1	5 2 8 0
(RA)		CEASED NAME FIRST	MIDDLE	LAST		AY YEAR 26 HOUR
(TAI)	Titte	OR PRINT) Willi	am	CORNISH	June 2, 1983	12:35 M
2 2 2 4	3. SE	x	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
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2 Pod 2 Po	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
e funer within 7	10.0			WIDOWED DIVORCED	Baltimore City	MD.
by the filed with notified		Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ALL MARYLAND GENER)	al H ospital	120. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
24 hou ould be mast be	13a.	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION. GIVE RESIDENCE BEFORE A NTY - 136. CITY OR TOWN	DMISSION) 13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	2/2/2 we
ompletely ond 2 sh	14. F.	ATHER'S NAME FIRST U. 1 1 8 m	MIDDLE CONTISH	15 MOTHER'S MAIDEN N FIRST	AME	EMAYY
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iDS, 201 W. PRESTON ST quires that the death cert signed by the ottending I hen please remove corbon to buriol, cremation, or ren niury, or other troumatic ex	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENT (b) DUE TO, OR AS A CONSEQUENT (c) CONDITIONS CONTRIBUTING TO DI	CEOF CANOXIC BRAIN	DANAGET CARDIAC MINAL DISEASE OR CONDITION GIVE	Persent
IL RECORDS he low requi on. hos been sig permit. Thet ene prior to b ows ony injur	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
ON OF VITAL VYSICIAN: The ding physicio s certificate h buriol-ironsit Mental Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	YEAR	RRED (ENTER NATURE OF MURY IN ITEM 18 PA	ART 1 OR PART 2)
VISIK G PH offen th s the ond ked o	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI pitol or TTOR: A for use of Heol	F	22a I certify that \$\foatin (this hasp sow the deceased alive or above, \$\foatin \foatin we) (did) (did \$\foatin\$	ital) attended the deceased from	83, and that in (my) man opinion	to <u>June 2</u>	9 83 , that (\mathbf{K} (we) lost and from the causes stated
OR he he ho DIR		Plmus	Taron		MEDICAL STAFF	226. DATE SIGNED 6/2/83
O HOSPITAL etained by 41 TO FUNERAL should be det with the State		James J.	Carey, M.D.		land General Hospi	tal
BP 18	1	BURIAL, CREMATION, REMOVAL	23b. DAJE 6/6/83 23c. N	AME OF CEMETERY OR CREMATORY	GI CI	TS MY
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	Leis &	Qa Cull ADDRESS &	Ertuno 250,	TE-RECID. BY REGISTR	SAR'S SIGNITURE AND

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T). CII	Y OR TOWN OF		(IF NOT IN SUCH FAC	PITAL, NURSING HO	ME, OR OTH S)	ER INSTITUTION	12a USUAL OCCUP FOR MOST OF WORK		OR INDUSTRY	Š
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13	a. ST		13b. COUN		Baltin	1	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRES	11	21205 r Street	
	_	THER'S NAME					15. MOTHER'S MAIDE	NNAME			-
4		John		WIDDLE	Cousin	ıs	Charlo		DDLE	LAST	
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1	CERTIFICATION	190. DATE OF OPI	ERATION	19b. CONDITI	ON FOR WHICH OP	ERATION W	AS PERFORMED?			20 AUTOPSY?	_
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Mary Carlot Carlot Har

Leonard J Ruck Inc. Baltimore, Maryland

FOR Ktem 18a 8-2-83 cm

- STATE FILM 582 cm

DECEASED NAME

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

REG. NO

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IF UNDER 1 YEAR

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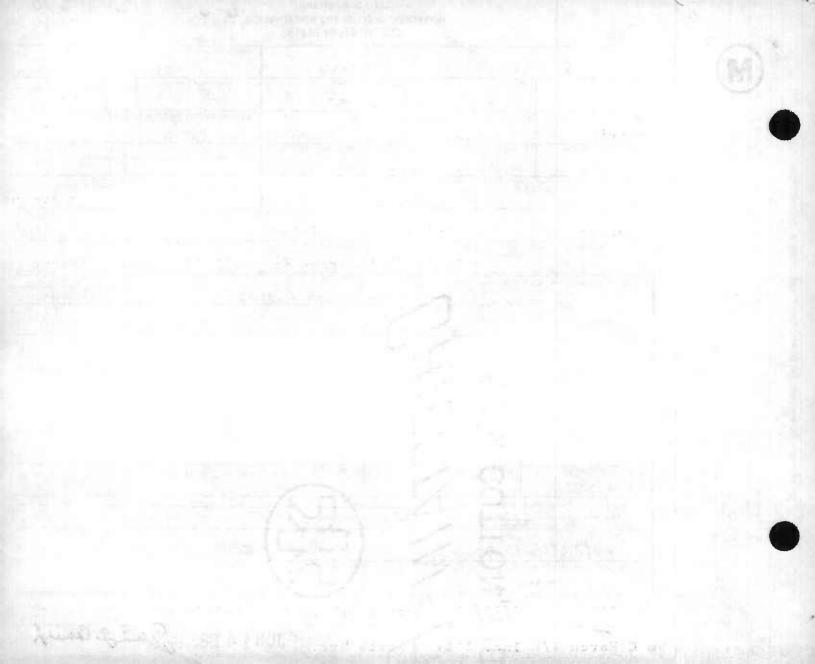
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20 DATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIE

THE STATE OF THE SE SELL STREET

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) MARY 83 C ROSS JUNE 2 nd . 20 A.W 4. RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS FEMALE MONTHS DAYS YEAR BLACK MARCH 1894 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED GINIA WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 12a USUAL OCCUPATION the HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE filed DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 by USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE GITY LIMITS? 13e. STREET ADDRESS DA 2 sho 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST GI 00 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMAN Pages (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY AL Hour 200 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 0 0 a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION HOURS 0 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? C-F-MAKER ntal Hygiene NO YES [NO F 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINERS P.M. 19 Her MEDIC/ Mer 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 61 22a. | certify that (1) (this haspital) attended the deceased from DIRECTOR sow the deceased alive on 🟂 3. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death, 22b. SIGNATURE DEGREE M . D 22c DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the State [FUNERAL DIRECTOR PHYSICIAN PHYSICIAN [MPORTANT 22d. PHYSICIAN'S NAME | TYPE OR PRINT) 22e. ADDRESS 0 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STAJE CITY OR TOWN (SPECIFY) BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 ADDRESS (VR A 15 (4)) AINO

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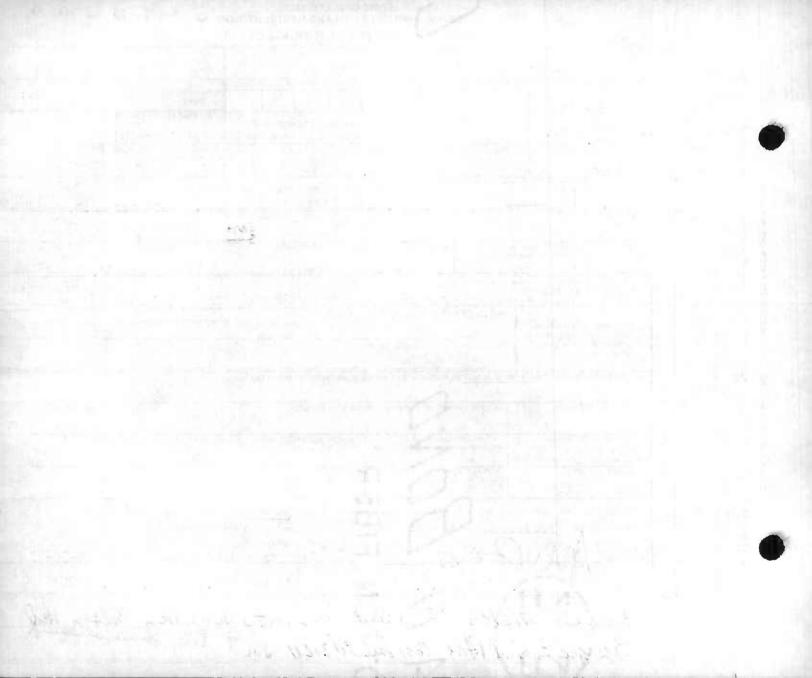
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eoth. Present din 72 ho		RIHPLACE (STATE OR FOREIGN EQUINTRY) Carolina	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIE WIDOWI	NEVER MARRIED	BALTIMORE CITY OR C		
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d within pletely find 2 sho		ATHER'S NAME FIRST Israel	MIDDLE LAST Mack		15. MOTHER'S MAIDEN NA. Carr ie	ME MIDDLE		LAST
cample ca	16n \	VAS DECEASED EVER IN U.S. AI		URITY NO.	17 INFORMANT	ADDRESS		
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the see		27b. SIGNATURE	P.S	21	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	- 1	TE SIGNED
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BP		burial, cremation, remova BURIAL	6/6/83 236		EMETERY OR CREMATORY Zion Cem.	Lainsidown		M d STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR C March F/H	Inc. 1101 E	North		TE REC'D. BY REGISTRAR 756.	REGISTRAR'S SIGN	ature about

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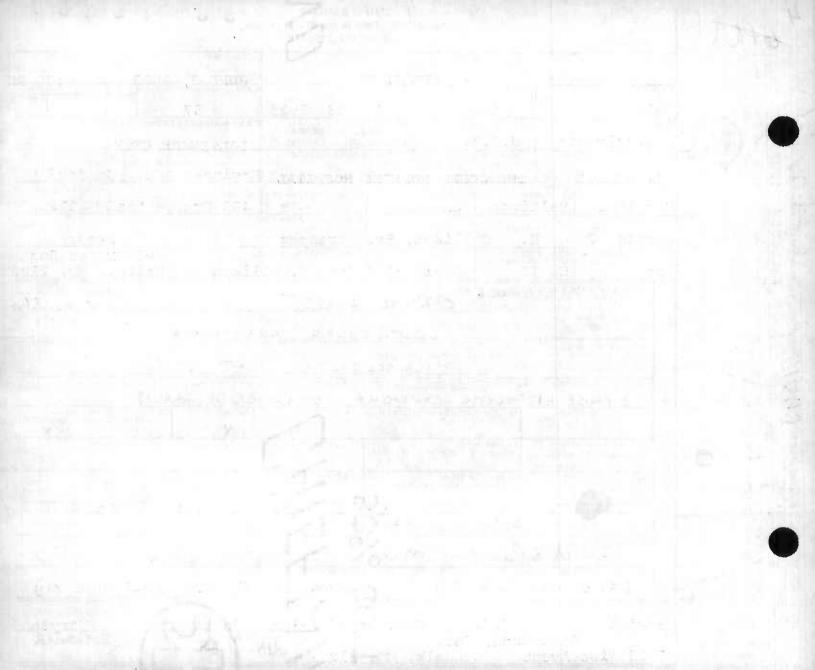
STATE OF MARYLAND

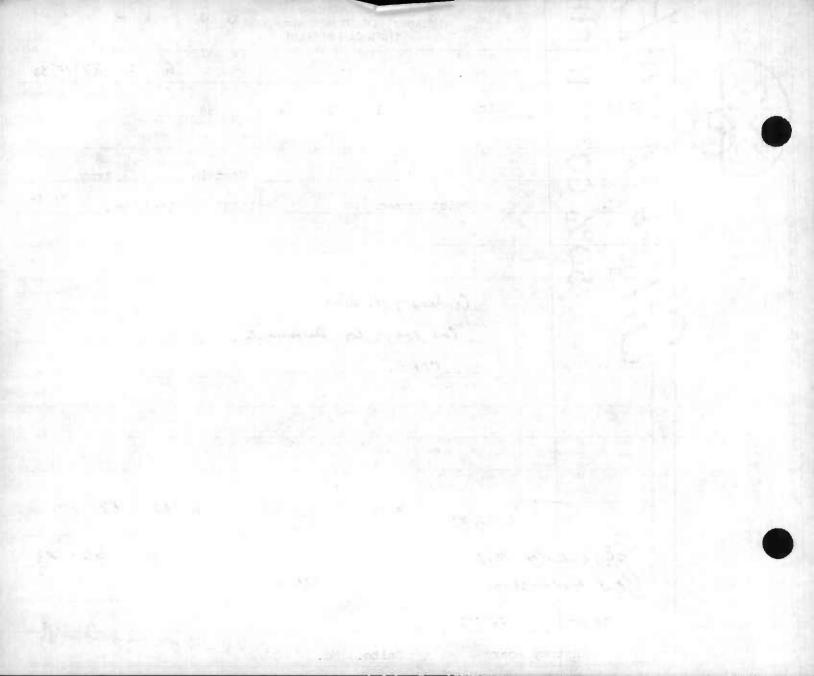
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) E. CHRTTS CULLISON TIME 1983 4.00 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 4. RACE 5 DATE OF BIRTH MONTH YEAR Male 23 1925 White 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania U.S.A. WIDOWED BALTIMORE CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Engineer Adm. Goddard BALTIMORE THE JOHNS HOPKINS HOSPITAL JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 131. COUNTY 131. 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore Dundalk Maryland 403 Trappe Road 21222 NO TX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Curtis Brady Cullison, Sr. Frances ADDRESS 403 Trappe Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HEYES GIVE WAR OR DATEST 220-14-7186 Jean M.Cullison Yes Balto., MD. 21222 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY CARDIAC ARREST IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ARRYTHMIA UENTRICULAR Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse ATHEROSCLEROTIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 HYSTUCYTIC LYMPHOMA 206 IF YES, WERE FINDINGS LISED 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO M 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE FITHER NOTIFY MEDICAL EXAMINERS PM 211. LOCATION 21d, INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 4-28 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on ________3
above, (I) (we) (did) (did not) view the body after death. . 19 . 5.3 ____, and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED MI ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 77d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Id be shaul with 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 6/7/1983 Gardens Of Faith Baltimore 24 FUNERAL DIRECTOR Duda-Ruck, Inc Rodress 250. DATE REC'D BY REGISTRAR 151 VEGETRAR'S EIGHALD DHMH - 16 50M 4/B2 7922 Wise Avenue Dundalk, MD. 21222 (VRA 15, 4)





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	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	15292
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ea t	3. SEX	M	EDITH CU	NN INGHAM 5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHO	6 17 83
(MAIL)	3. 3E/	F	W	10 27 1901	81.	MONTHS DAYS HOURS MIN
			CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	
一部 图	1 "	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore	city "
10		TY OR TOWN OF DEATH 11.	. NAME OF HOSPITAL, NURSING INFO THE STREET A 3838 Roland Ave	G HOME OR OTHER INSTITUTION DORESS) Apt. 507	12e USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Retired	
d within 24 hos detaily fulled in b 2 should be file (12 mined mu)	13a S	AL RESIDENCE (IF NURSING HOME OR OT) TATE Mary land THER'S NAME FIRST MIDD	HER INSTITUTION, GIVE RESIDENCE BEFORE 134. CITY OR TOWN Baltimo	ADMISSION) 134 INSIDE CITY LIMITS?		1 Ave. Apt. 507 (2:
omp)		Albert	Carter			Beall
9 04 6		VAS DECEASED EVER IN U.S. ARME res, no or unknown) (IF yes, give wa	AR OR DATES)		ADDRES	
ertificate be ey physician and papers. Pages emoval. tic event, the r		No	213-01-63	96 Hugh Carter -	- 3306 Moravi	a Rd. Balto 2121/1
requires than signed by the please reto burial, cr	NO	cause (a), stating the underlying cause last		EATH BUT NOT RELATED TO THE TERM		ITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED
he law r as been mit. The prior to	15	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	
te has permit iene p	RTIFICAT			OPERATION WAS PERFORMED	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
IAN: The tian.	CAL CERTIFICATION	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	21c HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
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Isla odla	- 3306 Moravia Md.	1-5396 Hugh Carter	213-0	0.1
200	B. wast			
• b.	-altimore	83 Loudon ark Cem.	June 20,19	Burial

3816 Roland Ave. Balto 21211

... lan Seitz, r.

20M 4/82

STATE OF MARYLAND

. 4	1.	FOR STATE REGISTRAR	DEPARTA	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 4 4
. n=		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH D	n nook p
oy be	3. SE		IERINE 4. RACE	DAILEY 15. DATE OF BIRTH	JUNE 23, 1983	10:40A
Poge 4	3. 36	F.	NEGRO	9TH 21 03		ONTHS DATS HOURS MIN.
M Peath. Po	Jer 61	RTHPLACE (STATE OR FOREIGN	US; A	MARRIED NEVER MARRIED WIDOWED MONORED	BALTIMORE COUNTY OF BALTIMORE C	
ofter of the		TY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY GIVE STREET, THE JOHNS HOP	G HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
24 hours filled in b could be fill		AL RESIDENCE (IF NURSING HOME OR.	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	Lanvale, E/ 13e. STREET ADDRESS / 1500 Lanvall	1 2/2/3
cote be executed within 24 hours yaicion and completely filled in by opers. Poges, I and 2 should be fill wal. If the medical axaminer must be in the must be in the medical axaminer must be		JOHN VEN	AND LAST	15. MOTHER'S MAIDEN NAI	BARCLAY	LAST
on ond co		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WED FORCES? 166 SOCIAL SECU WAR OR DATES) 2/6-12-	1 -17	N 216 Subject	27
: 4 4 4 6 6		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and BY: E CAUSE (a)	11	est	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding or r		Conditions, if only, which	DUE TO, OR AS A CONSEQUE	NCE OF L. Conger of	Panious	
by the series of the other		gove rise to immediate couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		
phoens y, c	NO	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART 110
At RECORDS The law required. The law required in permit. Their permit in permit in hows any injury to hows any injury inj	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
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TEND toloo OR: A or use f Heol		220.1 certify that (I) (this base) sow the deceased alive on above (I) (we) (did) adiabate	al) ottended the deceosed from	6-22, 19	deoth occurred on the date and hour	9_33, that (I) (we) last and from the causes stated
OR AT DIRECT CORP. DIRECT CORP.		above_(I)(we) (did) (did) (did) (alignost)	view the body after death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
O HOSPITAL TO FUNERAL should be deta with the State MAPORTANT:		224 PHYS CIAN'S NAME (MES	C 1 1 L	PHYSICIAN [N WOLFE ST E	BALTO. 21205,
TO HOSP reformed 1 TO FUNE should be with the 5 IMPORTA	23a.	BURIAL, CREMATION, REMOVAL	23b. DAJE 23c N	IAME OF CEMETERY OR CREMATORY	238. LOCATION CITY OF TOWN	MD.
BP DHMH - 16 50M 4/82	24 F	DIVILLA UNERAL DIRECTOR	6/28/83 14	ALTONATIONAL 250. PAI	TREED BY REGISTER IN CONTROL	enter Red
(VRA 15, 4)	2	ooks Finen	HONE 1304	7. Central at Ju	W & I BOO 1	

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bot	<u> </u>	FOR STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL	0005250101 M	E 31117 9 5
× .		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
9 65		CEASED NAME FIRST	L H «	DALTON	20 DATE OF DEATH MONTH	4-83 7:10 M
ge 4 moy sctor, po	3. SE	FEMALE	1. RACE WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
death. Pogrammer direction	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR COUN	ITY OF DEATH
ofter d	10. C	ALTIMO	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN	12b. KIND OF BUSINESS OR
ND 2120	USU 13a.		MTY 134 CITY OR	BEFORE ADMISSION)	/ .	Laste Rd
d within d within	14. F.	ATHER'S NAME PATTO	MIDDLE // LAST	15. MOTHER'S MAIDEN	NAME MIDDLE	Past
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201 W. PRESTON ST., B. es that the death certifica ned by the ottending physiplease remove carbon pagurial, cremotion, or remover, or other troumatic event,	N	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS (b) MAY DUE TO, OR AS A CONS (c)	MOPTENES A	TERMINAL DISEASE OR CONDITION OF	BETWEEN ONSET AND DEATH
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R ATTENDI hospital or IRECTOR: A hed for use spt. of Heal tem 21 is m		22a. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	$\Omega I = III$		nion deoth occurred on the date and h	, 19, that (I) (we) last nour and from the causes stated
HOSPITAL ined by the FUNERAL wild be detern the Store ORTANT.		22d PHYSICIAN'S NAME (TYPY)	Planed O SPRINTI SANCESTA	M. ATTENDIN PHYSICIA MIN N-CHAR	N DIRECTOR PHYSICIAN	6-24-83 CHOSPITAL
0 € 0 € \$ 3 4 8 P B P D P P P P P P P P P P	230.	BURIAL, CREMATION, REMOVAL	all ages	231 NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	history 1/ 150 1/a
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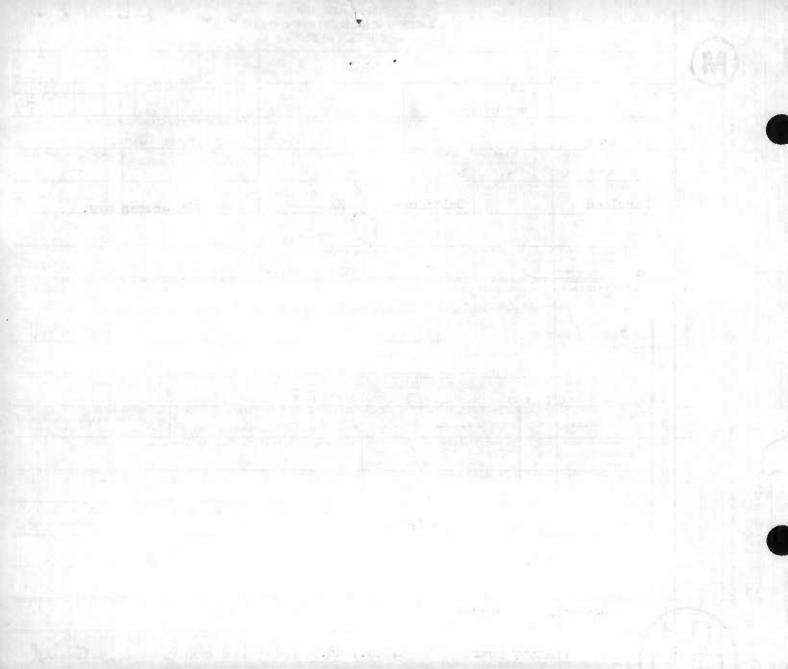
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0	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	5 2	7 /
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0000	-	Tale	White 75 CITIZEN OF WHAT COUNTRY?		64 YRS.	OF DEATH	
125	70. DI	OUNTRY)	U.S.A.	MARRIED NEVER MARRIED	BALTIMORE CI		
1 1 B	10. C	Md . TY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OI	BUSINESS OR
12 B3	P	ALTIMORE	THE JOHNS HO	PKINS HOSPITAL	(Type of work for most of working Lift Manager	Sears	Dept.
hin 24 hour ly filled in should be f	13a S	Md. Ba	or other institution give residence before unity 13c. CITY OR TOW Baltim	VN 136 INSIDE CITY LIMITS?	9522 Holiday	Manor	Rd.212
mpletely ond 2 sh		THER'S NAME FIRST Valter	H. Daughert	is MOTHER'S MAIDEN NA		ancock	
5 0	_	VAS DECEASED EVER IN U.S. /			22 Holidays Man		
Poge Poge	1	YES, NO OR UNKNOWN) (IF YES, I	215-05-	7026 Evelyn A.			
equires that the death certificate by signed by the ottending physicion. Then please remove corbangopers, to buriol, cremation, or removal.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO	ence Of Senal failure, E	prifuse bleeding	EN IN PART 110	
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DING P or after After the se as the raith one morked	×	WHILE NOT WHILE AT WORK 226.1 certify that (1) (this has	spital) attended the deceased from	June 6 19.83	Tune 30	19 83	hat (I) (we) lost
TTEN TOR for up	- 7	sow the deceased alive	on June 30 19 not) view the body after death.	83_, and that in (my) (our) opinion	death occurred on the date and hou	and from the a	ouses stated
AL OR AT the hosp AL DIRECT detached fo ate Dept o ate Til Hem 2		22b. SIGNATURE	A. Deliack	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR DHYSICIAN	220 DATES	SIGNED
	1						0/83
D HOSPITAL tained by th D FUNERAL nould be det iff the State		Delgadi	o, Miguel A.	Johns Hopk	ins HospiTAL		0/83
or o		Delgade SURIAL, CREMATION, REMOV.	o, Miguel A. AL 23b. DATE 23c.	John'S HOPK	INS HOS PITAL	COUNTY	Md STATE
TO HOSPIT TO FUNER should be: with the 5f		Delgado BURIAL, CREMATION, REMOV	o, Miguel A. AL 23b. DATE 23c. 7-5-83	Johns Hopk NAME OF CEMETERY OR CREMATORY Parkwood Cemetar	CITY OF TOWN		Md STATE

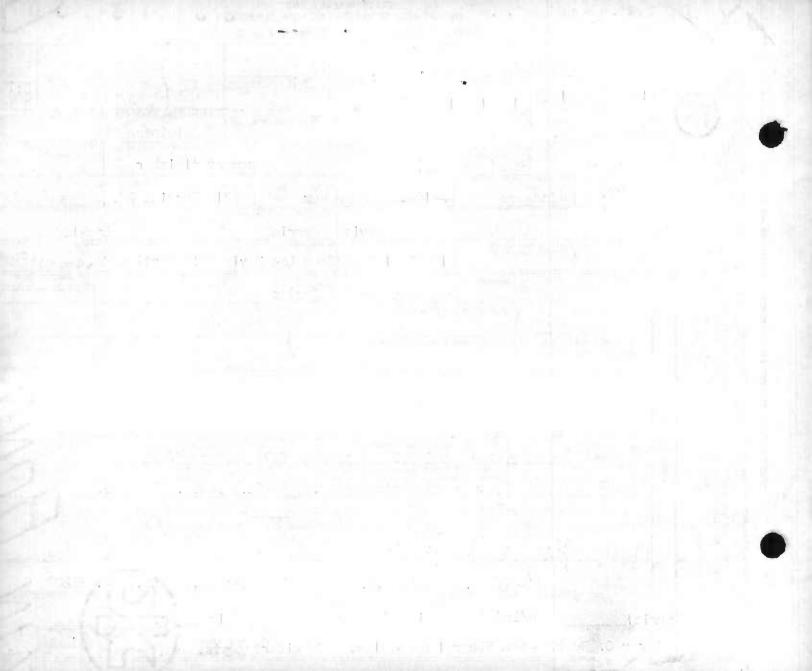
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植	1.58	MALE	4 RACE WHI	TE	DATE OF 81		1909 1910	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DA	
13		RTHPLACE (STATE OR FOREIGN COUNTRY) #ARYLAND		WHAT COUNTRY?	MARRIED X	NEVER M	ARRIED -		R COUNTY OF DEATH	, <u>, , , , , , , , , , , , , , , , , , </u>
led -th	10.0	BALTIMORE	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET IN NION MEMOR	G HOME OR O	THER INSTI	TUTION	120 USUAL OCCUPATION PRINCIPAL	ON 12b. BIA F WORKING LIEFT INDUST SCHOOL	LARGUSINESE BY RYSYSTEM
must be	USU 13a.	AL RESIDENCE (IF NURSING HOME O STATE 136 COUL MARY LAND	ROTHER INSTITUTION NTY	BALTIMOF	E 13d.		· ·		#21 SPRING AVE	., APT.20
ond 2 sh	14 F	ATHER'S NAME MAX	MIDDLE	DAVIDSO	ON	DORA		WIDDLE	HOLL	UM
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os been signed by ermit. Then pleose te prior to burial, c vs any injury, or off	CERTIFICATION	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION		ONTRIBUTING TO D				200 AUTOPSY?	206. IF YES, WERE FIN	IDINGS USED SES OF DEATH?
tol Hygier in 18 show		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	c. HOW INJ	IURY OCCURRI	YES NO	YES TEM IS PART I OR PART	2)
and Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	.M. OF INJURY REET, FACTORY, OFFICE, FA	211	LOCATIO STREET	И	CITY OR TO	wn COUNTY	STATE
CTOR: At d for use o 1. of Health n 21 is mo	P. Salar	22a I certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did no	JUNE	19	MAY DEG	iot in (my) (REE	our) opinion d		ote and hour and from	the couses stated ATE SIGNED UNE 1, 19
of DIRE			OR RRIGHT)	1	22	• ADDRESS	5		200	
TO FUNERAL DIRE should be detoched with the State Dept IMPORTANT: If then		STANLEY A.		, M.D.		Į	UNION M	EMORIAL HOS	SPITAL	

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BX B	1-state of Maryland DEPARTMENT OF HEALTH AND MENTAL HYGINE 3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO.	300
Mewall.	REGISTRAR 1. DECEASED NAME (TYPE OF PRINT) Benjamin REG. NO. **REGISTRAR** **MODILE LAST 20. DATE KNOWN X MONTH OF ESTI-DEATH MATED D6/24,	(83 19
NAY, PLEA	Male Black S. Date of Birth Annih Gay Year 67 YRS. 1 UNDER 1 YR. 1 FUNDER 24 HRS. 16 DATE MONTH GAY YEAR 67 YRS.	/83 19 A ,
1	70. BRITHPLACE (STATE OR POREGN COUNTRY)? ORDEGN COUNTRY) COFFEE CO., Ga. USA WIDOWED D DIVORCED Baltimore Ci 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170. USUAL OCCUPATION (TYPE OF WORK)	
DELAY R	Baltimore Sinai Hospital For Most of Working Life) WSUAL RESIDENCE (IF IN NUR MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)	OR INDUSTRY
AD. 21201 1, IF ANY 3. RETA 3. RETA 3. RECORD	136. STATE Md. Baltimore 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS 97 8 Eustice Rd. 14. FATHER'S NAME	
DEATH PAN, A PAN	John H. Davis Carrie L 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 21	ockley
NIS AN	(18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	d. Randalls
W. PRESTON ST. WITHIN 24 HOL BNCIL IN ITEM 18 TRANSIT PERMIT NTAL HYGIENE, DR. REMOVAL.	PARTIDEATH WAS CAUSED BY: Cranio-cerebral injuries Conditions, if any, which gove rise to immediate couse (a) stating the underlying couse last. Cranio-cerebral injuries Cranio-cerebral injuries DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	BETWEEN ONSET AND DEATH
VILD BE EXECUTED PREDIDING, IN	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
OF VITAL RE ATE SHOULD E WORD "PEI THE CHIEF M WENT OF HELP TO BURIAL, OF	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. EXTERNAL CAUSE WAS 216. EXTERNAL CAUSE WAS 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PAINTED TO	2B AUTOPSY? YES NO X
IS CERTIFICATE IS CERTIFICATE IS CERTIFICATE IS CERTIFICATE IS CERTIFICATE IS CEPARTIME IT DEPARTIME IT DEPAR	UNDERLYING CAUSE OF DEATH 2:00.M. 6/10/83 subject fell from scaffold 210 PLACE OF INJURY (AT HOME. 211 LOCATION 211 LOCAT	UNIY STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURILLY.	220 Certify that I took charge of the remains described above, held an Autapsy , Inspection X . Inquiry , and in my ap death resulted fram: Natural causes , Accident X , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNE	oinian
MEDICA KECUTE TH AGE 4 SH O FUNERA FTER DEAT	EXAMINER'S NAME MARGARITA A. KORELL, M.D. ADDRESS 111 Penn St., Balto., Md	
BP	236. DATE 236. NAME OF CEMETERY OR CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY COUP Buria 6/28/83 King Mem. Pk. Balto., Md. 24. FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR BY STRAKES	
DHMH - 17 (VR A15 ME (5))	Leroy O. Dyett & Son Funeral Home, Inc. 4600 Liberty 218 33 Av.	Court



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

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b.,	REGISTRAR				CEICIII	ICAIL OI	PEATH		REG. NO).				
	PECEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF		HINOM	DAY	YEAR	26 HOL	JR
L		CECIL	1	L. D.	ECKER	SR				06	04	83	100	ASM
3. 5	SEX		4 RACE			OF BIRTH		& AGE (IN YE	ARS LAST BIRTI	(VACI		DER I YEAR	IF UNDER	24 HRS
1	MALE		WH:	ITE	08	27	2 ^{YEAR}		55	YRS.	MONTH	DAYS	HOURS	MIN.
7a.	BIRTHPLACE (STATE OF	PFOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER	MARRIED T	9 BALTIMO	RE CITY OF	COUNT	TY OF D	EATH		
1	PENNSYLVAN	IIA	U.S	S.A.	WIDOWI	_	NORCED [IMORE	CIT	ry			MD.
10.	CITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL C	CCUPATIO	N	12	b. KIND O	F BUSINI	
1	BALTIMORE		ST.	AGNES HO	SPITA	L E.	R.	(TYPE OF WORK		WORKING		ECKE!	R SA	LVAG
130	UAL RESIDENCE (IF NUE	131. COUN		GIVE RESIDENCE BEFORE		1 13d. INSIDE	TITY LIMITS?	13e STREET A	DDPESS			21	227	
1	MARYLAND		IMORE	LANSDOW		YES 🗌	NO 🛣		WASHI	NGTC	N B	OULE'	VARD	
D-	FATHER'S NAME		MIDDLE			15. MOTHER	S MAIDEN N	AME						
1	RAY		MIDDLE J.	DECKER		1	VILLA		WIDDLE			WEA		
160.	WAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORM			ADDRES	SHAN	IOVE	R, M		
1	YES, NO OR UNKNOWN)	WW	E WAR OR DATES)	UNAVAILA	BLE	MTCU	AEL B.	DECKER	7222			ROAD		76
F	18 CAUSE OF DEA					MICH	MELL D.	DECKER	1322	KID	JGE .		MATE INTER	
	PART I. DEATH V	WAS CAUSE	D BY.	na sold of the sol	A Curr	0:0	01	0 -			-	,00		
	4100	IMMEDIAT	E CAUSE (o)	1000	2 Car	ain	Juga	ortan	-		-	Sect	772	N
П	1100		DUE TO, O	R AS A CONSEQUE	NCE OF	2 2	00	0	0					
1	Conditions, if any gave rise to im		(b)_	1+the	usck	exter	the	chover	acla	Co.	-	10	year	2 .
1	couse (a), stati	ing the	DUE TO, O	R AS A CONSEQUE	NCE OF									
	underlying cous	e last.	(c)_											
	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	TO THE TER	MINAL DISEASE	OR COND	ITION G	IVEN IN	PART 110	2	
Į š			-											
CERTIFICATION	190 DATE OF OPERA	NOITA	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOI	PSY?	20b. IF YE	ES, WER	RE FINDIN	GS USE)
E	Philadelphia							YES 🗆	ПОИ		IFYING	CAUSES	OF DEAT	
18	21a. ACCIDENT WAS UN	DERLYING	21b. TIME O			21c. HOW IN	JURY OCCUP	RRED (ENTER NATI				RPART 21	140	
1	OR CONTRIBUTING		17	M. MONTH DA										
MEDICAL	(IF EITHER, NOTIFY MED 21d. INJURY OCCUR		21e PLACE		19	21f LOCATI	ON							
WE	WHILE NOT W			EET, FACTORY, OFFICE, F	ARM, ETC)	STREE			CITY OR TOW	N	C	VINUO	s	TATE
13	AT WORK AT WO	ORK			2					1				
	22a.l certify that (I		15 /	, /	- 2	ren	_, 19_0	to	65/		. 19_1		that (I) (v	
	obove, (I (we) (sed olive an, (did) (did not	view the body	ofter death.	12.01	nd that in my	your) opinior	n deoth occurred	on the dot	e and ho	eur and	from the c	couses sto	oted
	116 SIGNATUR		, 0			DEGREE					2	2t. DATE	MIGNED	,
	das	nes S	Zunk	w mr	9		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	AND		6/	1.18	3
1	224 PHYSICIAN'S N	AME (TYPE OF	PRINT)			22e ADDRES		S DWILLION L					-	
	TAMES OF	TAIT ANT	M D			IINITY	D C TITE	HOCDTEA	7					
23-	JAMES QU			22. 61	AME OF C			HOSPITA						-
5230	DUNIAL, CREMATION	REMOVAL	1230. DAIL	23c. N	AME OF C	EMETERY OR	REMATORY	23d LOCAT	ION					

BP.

TO FUNERAL DIRECTOR should be detach

IMPORTANT:

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DHMH - 16 50M 4/82 (VRA 15, 4)

(SPECIFY) BURIAL 23c. NAME OF CEMETERY OR CREMATORY MEADOWRIDGE MEM.

23d LOCATION CITY OR TOWN ELKRIDGE

HOWARD

06-07-83 24 FUNERAL DIRECTOR 21229 ADDRESS HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

250. DATE REC'D. BY REGISTRAR JUN 6. 1983 6

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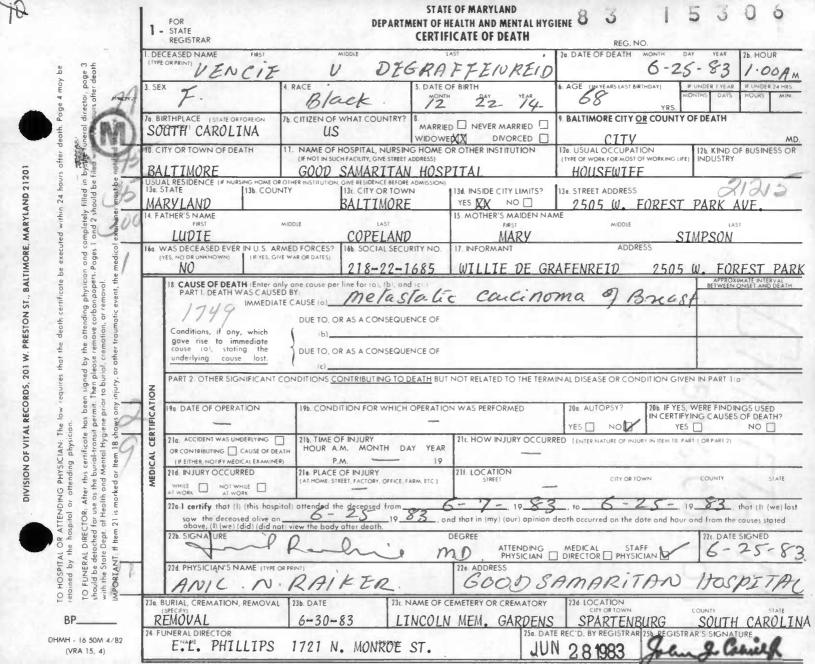
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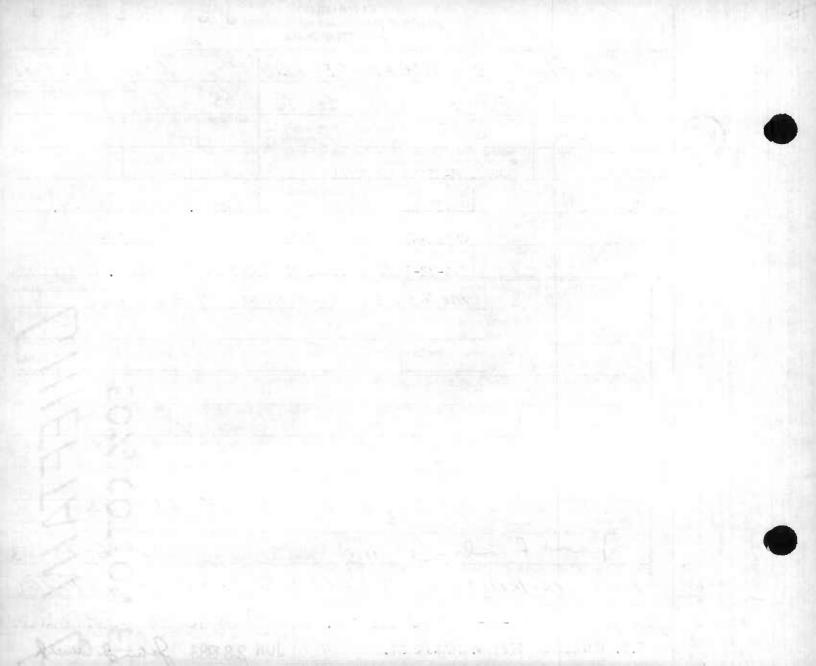
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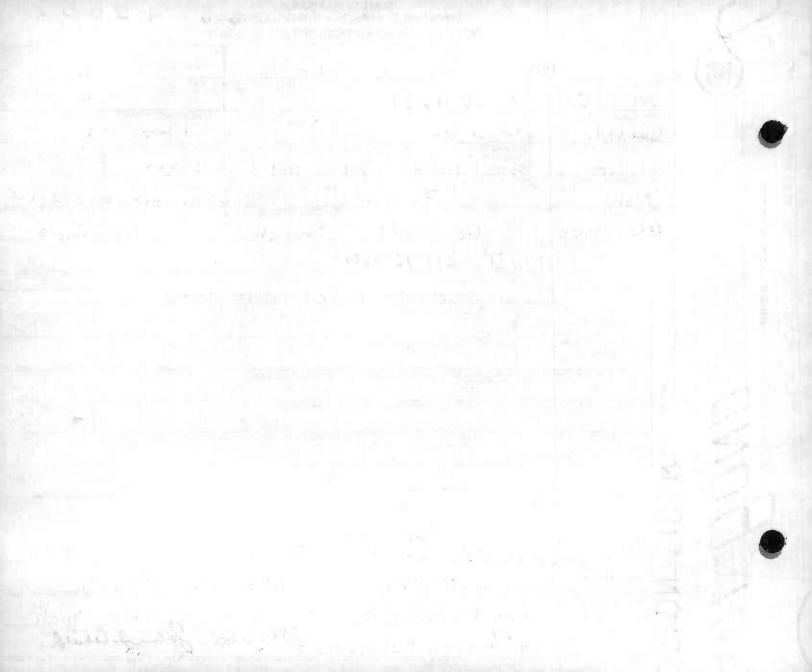
6	1.	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAN RTMENT OF HEALTH AND ME CERTIFICATE OF DEA	NTAL HYGIENE O	1 5 3 0 5
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
y be oge 3 death	1111	BENJA	MIN FRANKL	IN DeFORD		6 23 83 56
yar pag	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI
hon		Male	White	April 17, 1	902 81	YRS.
2 3 11	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		9. BALTIMORE CITY	OR COUNTY OF DEATH
4 CETEDO		MD	USA			ore City
1 1 10		Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Keswick Hor	ISING HOME OR OTHER INSTITU MEET ADDRESS)		ATION 12b. KIND OF BUSINESS (ST OF WORKING LIFE) INDUSTRY
in be fi	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION. QUE RESIDENCE ST	FORE ADMISSION STEEL IN SIDE CITY	LIMITS? 130. STREET ADDRES	5
hin 24 h	130		Itimore Balt		6007 Hu	unt Ridge Rd. 212
thin 2 sh	14. F/	ATHER'S NAME		15. MOTHER'S M		
and and and		B. F	MIDDLE LAST	ord Ell		Drewry
d corte		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE			DRESS
Pogo ex		YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 217 14	1717 T.M.	DeFord,	Balto, MD
requires that the death en signed by the attend t. Then please remave ca or to burial, cremation, a y injury, ar ather traumat	TION	Congestive	DUE TO, OR AS A CONSECUTIONS CONTRIBUTING TO HERALE FO	TO DEATH BUT NOT RELATED TO	egunal heron	orthe DONNITION GIVEN IN PART 1100
on. hos be t permi	CERTIFICATION	196 DATE OF PERATION	196. CONDITION FOR WHI	ICH OPERATION WAS PERFORM	200 AUTOPSY? YES □ NO □	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
Sh of s	1 5	21a. ACCIDENT WAS UNDERLYING			RY OCCURRED (ENTER NATURE OF IN	NURY IN ITEM IS PART 1 OR PART 2)
hysici ficate fransii Hygi 18 sh			HOUR A.M. MONTH	DAY YEAR		
A d # 10 E		OR CONTRIBUTING CAUSE OF D	NER) P.M.	19		
HYSICIA Iding ph is certifi burial-ti Mental		OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 214, INJURY OCCURRED	PEAIN	19 21f. LOCATION	CITY OR	
HYSICIA Iding ph is certifi burial-ti Mental	MEDICAL CI	OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFH	19 2H. LOCATION STREET	CITY OR	TOWN COUNTY STATE
ING PHYSICIA r attending pl ther this certifi as the burial-n ith and Mental arked or them		OR CONTRIBUTING CAUSE OF C (IF ETHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 27d. I certify that (I) (this, has	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	19 2H. LOCATION STREET	19_\$3, to 6.	TOWN COUNTY STATE
ING PHYSICIA r attending pl ther this certifi as the burial-n ith and Mental arked or them		OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (I) (shis, has saw the decessed alive a obove, (I) (see) (did) (shis)	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFH	TO STREET	19_\$3, to 6.	COUNTY STATE 23, 1983, that (I) (==) date and hour and from the causes stated
In the haspital or attending of the haspital or attending of the haspital or attending of the haspital or or the burial-net oched for use as the burial-net Dept. of Health and Mental is them 21 is marked or them		OR CONTRIBUTING CAUSE OF C (IF ETHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22d. I certify that (I) (this has saw the deceased alive of above, (I) (we) (did) (did) 22b. SIGNATURE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	TO DEGREE	19_\$3, to 6.	COUNTY STATE 23 1983, that (I) (=) I date and hour and from the causes stated
ITAL OR ATTENDING PHYSICIA by the hospital or aftending of RAL DIRECTOR. After this certific edetached for use as the burial-insiste Dept. of Health and Mental State Dept. of Health and Mental NIT. If hem 21 is marked or freminal.		OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (I) (shis, has saw the decessed alive a obove, (I) (see) (did) (shis)	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	IN 211. LOCATION STREET IM 2	19_\$3, to 6.	COUNTY STATE 23 1983, that (I) (**) date and hour and from the causes stated 222. DATE SIGNED
ITAL OR ATTENDING PHYSICIA by the hospital or afterding of a RAL DIRECTOR. After this certific detached for use as the burial-nitate Dept. of Health and Mental itate Dept. of Health and Mental NT: if item 21 is marked or item.	MEDICAL	OR CONTRIBUTING CAUSE OF C (IF ETHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 27c. I certify that (I) (this has sow the deceased alive of above, (I) (two) (did) (did) 27b. SIGNATURE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI (Distribution) attended the deceased from (Distributio	TO DEGREE	ENDING MEDICAL S'SISCIAN DIRECTOR PHY	county state 23 1983, that (II (**)) date and hour and from the causes stated 1221. DATE SIGNED TAFF SICIAN 6.23.8
ITAL OR ATTENDING PHYSICIA by the hospital or aftending of RAL DIRECTOR. After this certific edetached for use as the burial-insiste Dept. of Health and Mental State Dept. of Health and Mental NIT. If hem 21 is marked or freminal.	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTBY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE ATWORK NOTWHILE ATWORK SOW the deceased alive to above, (1) (we) (did) (did) 22b. SIGNATURE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI (Distribution) attended the deceased from (Distributio	TO DEGREE ATT PH 19 10 10 10 10 11 10 10 10 10	19_83. to	TOWN COUNTY STATE 23 1983 that (1) (**) date and hour and from the causes stated 120. DATE SIGNED 1AFF SICIAN 6.23.8

Exacutive Chanical Exacutive Chanical x Est hum high mo. 2110 .ciffil esoniting 217 1- 1717 T.M. DEROY L. BALLO., ME ALLO SECTION OF THE LOCAL SECT



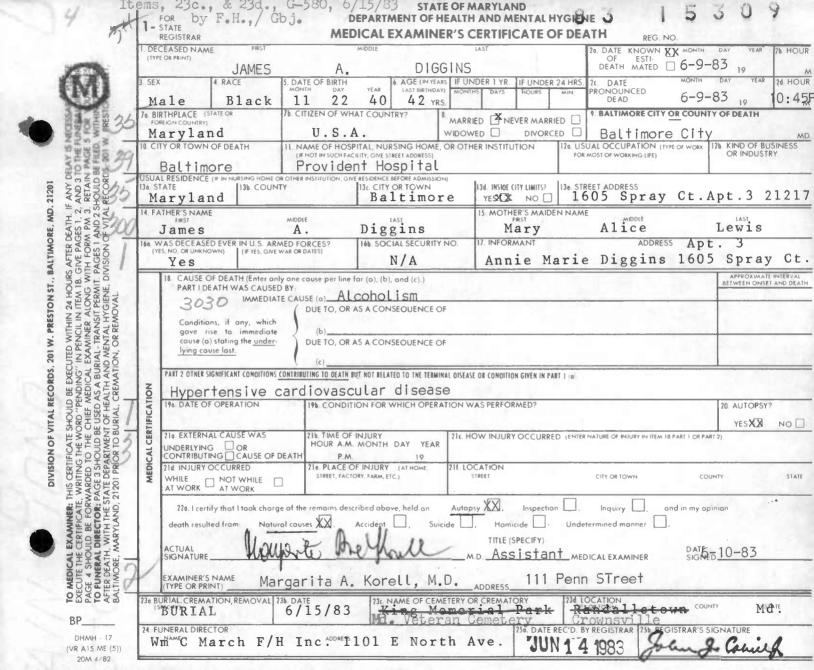


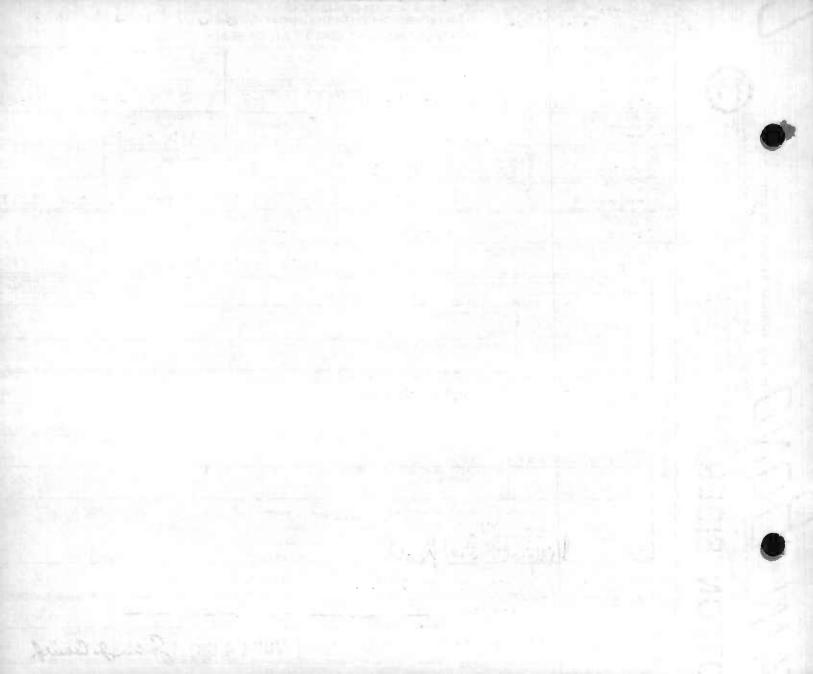
		1			ATE OF MARYLAND	2 1 2	3 0 /
1	11	1.	FOR STATE		HEALTH AND MENTA		, , , , ,
19	4 "		REGISTRAR		NER'S CERTIFICATE	KEO. ITO.	
1			PE OR PRINT)	WIDDLE	LAST	20. DATE KNOWN A	ONTH DAY YEAR 26. HOUR
1 ,	(-BAL)		Alvii	n H,	Demines	DEATH MATED	6 14 19 83 M
,	FEAT.	3 SE		5. DATE OF BIRTH 6. AGE (IN LAST BIRTH		JER 24 FIRS. Zt. DATE	ONTH DAY YEAR 24 HOUR
	\$ 375 X		MI COL	£ 3.5 15 1 6.0	YRS.	MIN PRONOUNCED DEAD	6 14 1983 6:50A
	SSA MAIN Y	70 1	SIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MA	9 BALTIMORE CITY OR C	
	EATH. IF ANY DELAY IS NECESSARES 1, 2, AND 3 TO THE FUNERAL IN PAGE 5 FOR YOUND 2 SHOULD BE FILED, WITHIN FVITAL RECORDS, 201 W, PRESTON	7	OREIGN COUNTRY)	usa		DRCED Baltimore (City, MD
	THE FILED, SOIL V.	3 10 0	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOA (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS		12a USUAL OCCUPATION (TYPE OF V FOR MOST OF WORKING LIFE)	WORK 17b KIND OF BUSINESS OR INDUSTRY
	DELAY N PAGE FILE NOS, 20	E	altimore	South Baltimore Ge	neral Hospital	habever	
21201	ANY BAND 3 RETAIN TOULD SECORE		STATE / 136 COUN				4.045
.2	SHAR		Meli I	13014	O YES NO	12667 Seamor	are 21225
8	TH. 2	714.5	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MA	AIDEN NAME MIDDLE	LAST
	DEATH. GES 1, M PM AND 2 OF VITA	0	llarence	Deminds	Sara	h D	emines
BALTIMORE, MD.	URS AFTER DEATH. B. GIVE PAGES 1. HITH FORM PM. III. PAGES 1 AND 2. DIVISION OF VITA	160.	WAS DECEASED EVER IN U.S. ARA YES, NO, OR UNKNOWN) (IF YES, GIVE	WILL COND ATTER		ADDRESS	
1	A SIVE			11/11 211-16-	7634		
			DART LOCATIONAC CAMER	ly ane cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z	ERW BENE BENE BENE BENE BENE BENE BENE BEN		IMMEDIAT	E CAUSE (a) Arteriosclere	otic cardiovas	cular disease	
STO	NA ALON		7272	DUE TO, OR AS A CONSEQUENCE	OF		
8	AANS ANS REV		Canditions, if any, which gove rise to immediate	(b)			- 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
*	OR TREE		couse (a) stating the <u>under</u> - lying couse lost.	DUE TO, OR AS A CONSEQUENCE	OF		
20	ON AND AND AND AND AND AND AND AND AND AN			(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIRINGNE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	-	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN I	N PART I (o)	
Ü	ARED ARED CRE	CERTIFICATION	TO DAY OF OPENATION				
4	SED SED	7 5	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ERATION WAS PERFORMED?		20 AUTOPSY?
VII	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						YES NO X
0	AND THE AND TH		210. EXTERNAL CAUSE WAS	POUR A.M. MONTH DAY YEA		RRED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
0	SA SO SE	\ \S	CONTRIBUTING CAUSE OF D				
<u> </u>	OEP DEP	MEDICAL	21d. INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, EYC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
٥	WRI WRI AAGE	1	WHILE NOT WHILE AT WORK	1	1		
	ATE, TORW		-	g of the remains descripted about held on	Autopsy Inspe	thon XI, Inquiry , and in	my opinion
	AN MANAGER AND AN		death resulted from Notice	di courses & Account 2	wedd Homicide	Undetermined monner .	564
	WILL B		(///	S 1 1/200	TITHE ISPECIFY		
	A PER	37	SIGNATURE	elvous this	M.D. Deputy	Chiefedical examiner	OATE 6/14/83
	NOR SET	1	/				
	A D & E E		(TYPE OR PRINT) The	omas D. Smith, M.D.	ADDRESS	I Penn St. Balto.	, MD.
	5X45A8_	23 a.	BURIAL, CREMATION, REMOVAL 2	3h DATE 23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	BP	-	Burral	6/20/83 mt. re	terans Con	. Crownsvill	e, meli
	DHMH - 17	24	UNERAL DIRECTOR	, E/ ADDRESS	'MIN'	THRES'D, BY REGISTRAL VISH, REGISTRA	R'S NATURE
	(VR A15 ME (5))	C	hasilt. Towe	211 /H 319m Sch	voeder St	- 0 1300	- which



K /	1.	FOR STATE REGISTRAR		DEPART		ALTH AND M	IENTAL HYG		NO	3 0	
	1. DE		FIRST	MIDDLE	LAS	T		REG. 20. DATE OF DEATH		DAY YEAR	2b. HOUR
Br 188	(TYPE	ORPRINT) Marg	garet Ge	ertrude L	Deve	reau	×		62	583	723 P
63	3. SE	X	4. RACE		5. DATE OF	BIRTH	WEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
(M)		Female	Whit	е	Aug.	Î1	1899	83	YRS		NOOKS MILE
	7a. BI	RTHPLACE (STATE OR FORE	IGN 76. CITIZEN C	F WHAT COUNTRY?	8 MARRIED	☐ NEVER M	ARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
deal hin 7	10.6	Md.		USA	WIDOWED		ORCED	Balto. C		1	/
s offer by the filled with		Balto.	Merc	OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET WITH A CONTROL OF THE STRE	ADDRESS]	OTHER INSTI	TUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Telephone	T OF WORKING LIF	E) INDUSTRY	of BUSINESS (Teleph
d in d in	USU. 130. S	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTE	ON, GIVE RESIDENCE BEFOR	E ADMISSION)	3d. INSIDE CIT	TY LIMITS?	13e. STREET ADDRES	Stella	Mari	s Hosp
filled outld bould be		Md.	Balto.	Towson		VEC [NO TO	St Flins	hathle		
vithii 12 sh	14 FA	THER'S NAME	MIDDLE	LAST	1	5. MOTHER'S	MAIDEN NAM	Dulaney	alley	Md.	21204
p du as	J	oseph		Greele		Mary		Elle	n	McShe	erry
Poges 1		VAS DECEASED EVER IN	U.S. ARMED FORCES		JRITY NO.	7 INFORMAN	VT.	ADD	RESS		
000		No	-	212-05.	-6213	Mr. I	Louis E	Kirsch, 60	6 E. M		
sicio ol.		18 CAUSE OF DEATH	Enter anly ane cause p	per line far (a), (b), an	id (c)-i	Ве	lair,	Md. 21014	F	BETWEEN	MATE INTERVAL
the remo			the DUE TO.	OR AS A CONSEOU		pula	racke				
res that the ined by the prial, crema y, ar ather tr		gave rise to immed cause (a), stating	liate the last. (c).	OR AS A CONSEOU	ENCE OF	0	TO THE TERM	INAL DISEASE OR CO	ONDITION GIV	EN IN PART 1	o
requires that the in signed by the in Then please removed to burial, cremo injury, an ather the	NOI.	gave rise to immed cause (a), stating underlying cause	liate the DUE TO, ICANT CONDITIONS	OR AS A CONSEOU	ENCE OF	0	TO THE TERM	INAL DISEASE OR CO	DND(TION GIV	EN IN PART 1	o
he low re on. has been t permit. I ene prior	TIFICATION	gave rise to immed cause (a), stating underlying cause PART 2 OTHER SIGNIF	diate the DUE TO, ICANT CONDITIONS	OR AS A CONSEOU	ENCE OF	OT RELATED 1		INAL DISEASE OR CO	20b. IF YES	EN IN PART 110 , WERE FINDING CAUSES	NGS USED
hysicion. irote has been renast permit. 1 Hygiene prior. 18 shows ony ir.	CAL CERTIFICATION	gove rise to immediately and or stating underlying cause PART 2 OTHER SIGNIF	Idea DUE TO.	OR AS A CONSEOU CONTRIBUTING TO DITTON FOR WHICH	DEATH BUT N	OT RELATED T	RMED	200 AUTOPSY?	20b. IF YES IN CERTIF YES	, WERE FINDING CAUSES	NGS USED OF DEATH?
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5	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	153	10
		CEASED NAME FIRST	WIDDLE	LAST	26. DATE OF DEATH	ONTH DAY YEAR	2b. HOUR
SG.	(IVP		OSE Etta	DIGGS	JUNE 30	1983	9:59AM
5.0	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
211		FRM210	NEGSO	DEC 6-1902	80		NOURS MIN.
图 9		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	DALITIMUR	COUNTY OF DEATH	MD.
FA	7	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE ST	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	WORKING LIFE) INDUSTRY	Pleal
ON BER 2MR d2 should be Controlled	USU. 130	AL RESIDENCE (IF NURS ALL HOLES STATE LIM OUT ATHER'S NAME FIRST	THER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION OWN 13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN N FIRST	138. STREET ADDRESS 150.5 N. 130 AME MIDDLE	ondSt 2/2	2/3
		VAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIALS VE WAR OR DATES)	ECURITY NO. 17 INFORMANT	ADDRES	Jal E Cold	1Sonina
APPROVAL DR. A. equires had the apple of the signed by the attending hypercur. Then places remove authority opensus to buring commonly account in gury, or other treatments content.			DUE TO, OR AS A CONSE	OUENCE OF	esT_	C 117.20	XIMATE INTERVAL LONSET AND DEATH HOUR
ON APPI of the reporter of the	CERTIFICATION	PART 2. OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO THE TER	Z00, AUTOPSY?	206. IF YES, WERE FIND! IN CERTIFYING CAUSES YES YES	INGS USED
CLAN The Cla	1000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY		
LEASON TO PHYSION THE HEAD OF THE BUTTON THE	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
RE: RATTENDIN hospital or hospital or site of the view of Health heart of Health heart 21 is min	deste	sow the deceased alive or	ot) view the body ofter death.	ond that in (my) (our) opinio		e and hour and from the	that (I) (we) last e couses stated
HOSPITAL O nained by this O FUNERAL D audid be dieted the Shate O	1	22d PHYSICIAN'S NAME (TYPE OF A DIM IR.		ATTENDING PHYSICIAN 220 ADDRESS TOTAL	DIRECTOR PHYSICI		30/83
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BUYIAL UNERAL DIRECTOR	7-6-83	Mt. Calvary Cost	23d LOCATION CITY OF TOWN ATE REC'D. BY REGISTRARI2	1 17 19 COUNTY Sh REGISTRAR'S SIGNA	STATE
DHMH - 16 50M 4/82 (VRA 15 4)	1.	NAME POR SERVE	O GOM A ADDRE	55 2000 . 01 -	HI- 75- 1000	0.01	2

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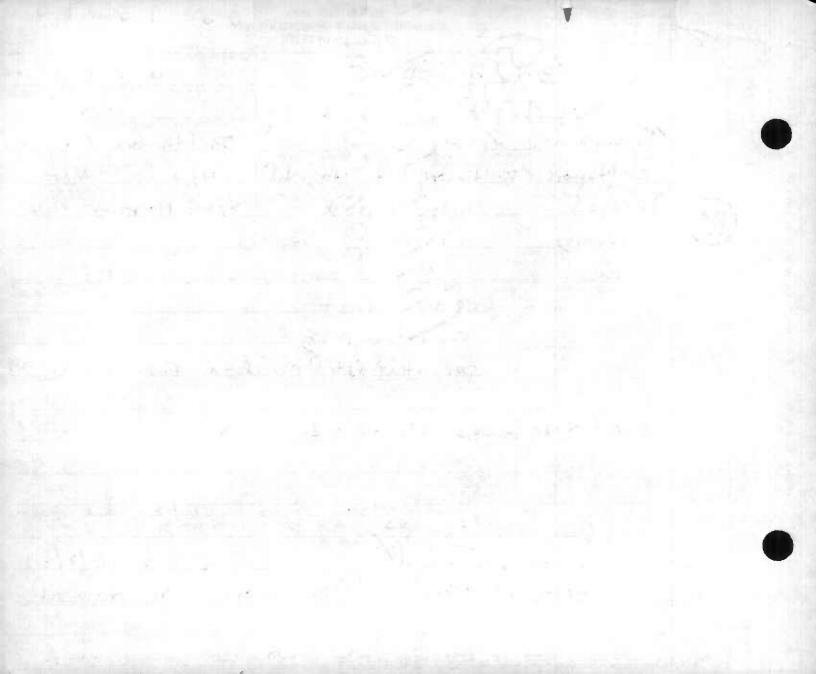
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR TYPE OR PRINTS JUNE 14,1983 2:32P GERALD ARTHUR D TVELY 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5 DATE OF BIRTH 1927 Male White Aug. 55 BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY U.S.A. Pennsylvania DIVORCED WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Cabinetmaker BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
136. OUNTY
138. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 69 Cinder Rd. Timonium Maryland YES K NO PER 15 MOTHER'S MAIDEN NAME . FATHER'S NAME MIDDLE Richev Orion Elsie Dively 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT 219-22-8444 Kathryn L. Dively, 69 Cinder Rd. No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (CELL CARCINOMA Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO F 210 ASCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 216 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we (did) (did not) view the body after death 226. SIGNATURE 22c DATE SIGNED DEGREE ATTENDING PHYSICIAN should be de with the Stot 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS JA LTO. ANIEL OHN. SCKINS NUIDITA 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial Md. June17,1983 Parkwood Baltimore PROBERTECER ALTENBURG FUNERAL HOME, INC. DHMH - 16 50M 4/B2 6009 Harford Rd., Balto., Md. 21214 (VRA 15, 4)

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1	3. SE	* ALBER	4. RACE	DIVENANZIO 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
- TAN	2- D	MALE	WHITE	MONTH 9 1 9 1 28	54 YR	
35	W. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMURE	CITY MA
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n 24 hours	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE IZE COURT HAR	NTY 13c. CITY OR	BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	JOPPA, MD
red within 2 smalletely filling and 2 should	14_F/	JOSS PH	MIDDLE CAST	15 MOTHER'S MAIDEN NO.		LAST
iote be execute ysicion and car ppers. Pages 1 vol. the medical	(WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES!	SECURITY NO 17 INFORMANT	ADDRESS	PALMARI ALTIMORE
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he law require on. has been sign r permit. Then ene prior ta bu ows ony injury.	CERTIFICATION	19a. DATE OF OPERATION		HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
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PHY this and A	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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OR DIRE		226 SIGNATURE aug Sun	Lee	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	6/28/83
O HOS storned To FUN with the		KANG SUN	1 LEE	SINAL HOS	PITAL OFB	ALTIMORE
BP	23a B	BURIAL, CREMATION, REMOVAL	236 DATE DULY 2, 1983	230 NAME OF CEMETERY OF CREMATORY GARDS AS OF FAITH	23d LOCATION CITY OR TOWN	COUNTY STATE
	24 FL	UNERAL DIRECTOR NAME ANS FUNS (A)				ALTO- MARYLAN ISTRAR'S SIGNATURE Lug. Cancel

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N ST., BA certificating physic rbon pope r removal		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	TE CAUSE (a) Cara	tiac ar	rest			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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res that the property of the p		underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	istent -	Fetal Circ	ulation a	MO CONIN	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of this certificate has been signed by the attending physician and control has been signed by the outending physician and control has been signed by the outending physician and control has been signed by the ord Mental Hygiene prior to buriol, cremotion, or removal.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR			20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING (E FINDINGS USED CAUSES OF DEATH?
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TTENDI pitol or TOR: A for use of Heol		22a.1 certify that (1) (this hasp sow the diceased alive or above, (1) (we) (did) (did no	617	19. 53 , on	d that in (my) (our) opinion	deoth occurred on the do	te and hour and fr	, (1. (1.0) 1001
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ВР		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236 DATE 6/4/83	230 NAME OF C		23d. LOCATION CITY OR TOWN BE 1 timo	re, Mary.	land
DHMH - 16 50M 1/81 (VRA 15, 4)	24 1	UNERAL DIRECTOR NAME Leonard J Ruc	k Inc. Balti	DORESS More, Mar		TE REC'D. BY REGISTRAR.	REGISTRAR'S'S	Cohres



12	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYGICATE OF DEATH	REG.	NO.		
poge 3 er death		CEASED NAME	FIRST		MIDDLE	1	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
		VERA		A			XON		06	22 83	
9	3. SE	_	4	RACE	- 3-	S. DATE O		6. AGE (IN YEARS LAST		MONTHS DAYS	
dia	_	F'emale RTHPLACE (STATEORFO		Bla	ACK WHAT COUNTRY	100	t. 50 1928	9 BALTIMORE CITY	54 YRS.	CEDEATH	
MY	Ma-p	Maryland	REIGN /		S.A.	MARRIE	D NEVER MARRIED DIVORCED	BALTIMO	ORE CI	ITY	MD
1		BALTIMORE	H 1				NS HOSPITAL	126. USUAL OCCUPA (TYPE OF WORK FOR MOS Seamstre	T OF WORKING LI	FE) INDUSTRY	d.Hosp.
25	13a_3	ALRESIDENCE (# NURSIN STATE 11 Saryland 1	GHOME OR C 3b COUNT		GIVE RESIDENCE DEFOI 130. CITY OR TOV Baltim	VN	13d. INSIDE CITY LIMITS?	130. STREET ADDRES. 2318 Dul	seland	st.	11216
Solution A		THER'S NAME FIRST Edward	м	BJOOLE	Gough		15. MOTHER'S MAIDEN NA Edirsia	WE	5	Sulliv	ran
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for us of He 21 is		220 I certify that (I) (sow the deceased above, (I) (we) (di	his hospita		2 2 196	6	nd that in (my) (our) opinion	, todeath accurred on the	date and hou	19 8 3 or and from th	, that (1) (we) last e couses stated
detached for us detached for us of Dept. of He		22b. SIGNATURE	mi	F.C	Juin	١	DEGREE ATTENDING PHYSICIAN [MEDICAL ST	AFF SICIAN X	6 7	22/83
should be deto with the State I		22d. PHYSICIAN'S NA	AE (TYPE OR	G'M	ENEZ-		600 N. W	DUFE ST.	BALTI	D. MD	21205
. 5 3 <u>≥</u>	23a.	BURIAL, CREMATION, R (SPECIFY) Buria	-	236. DATE 6/27			emetery or crematory ville Vet.	23d LOCATION CITYORTOWN Crown	nsvil	county le	Md .
6 50M 4/82	24 F	UNERAL DIRECTOR NAME	OMP	15450	ns 25	016 C Do	rkuru Jl	N 2 7 1983	AR 25h REGIS	TRAR'S SIGNA	shirt

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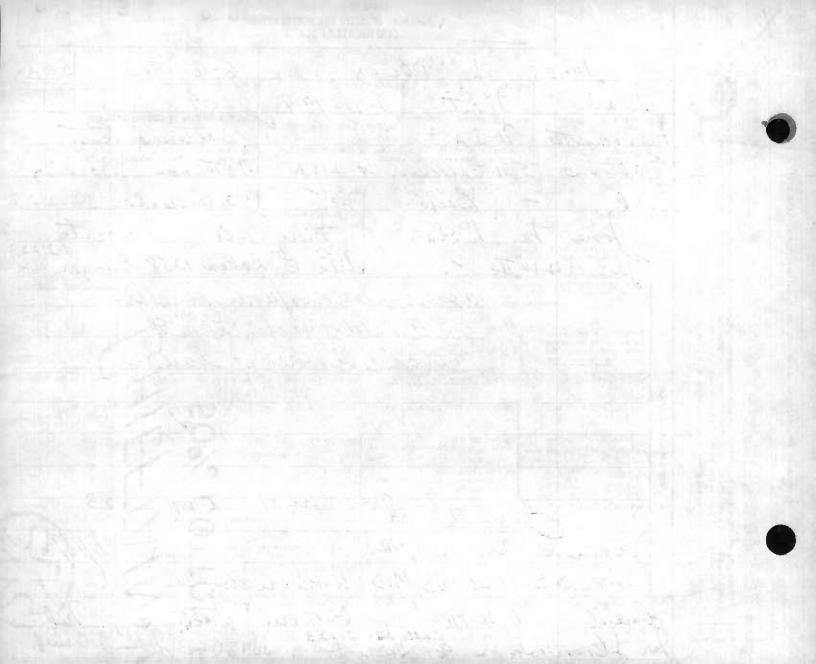
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

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V	1.	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 5 3						
~	1'	- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.					
-		PECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	NTH DAY YEAR 26. HOUR		
A pe	1	JAMES	J. D.	DLAN	6-16-1	183 5:00 A.M		
9 4 m	3/4	trale	In lite.	S. DATE OF BIRTH MONTH - 18-1914	6. AGE (IN YEARS LAST BIRTHDA	YRS. IF UNDER 1 YEAR IF UNDER 24 HRS.		
P 8	(19)	BIRTHPLACE (STATE OR TORESON 78	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR C	OUNTY OF DEATH		
deoi	7	Trassadinello	U.J.A.	WIDOWED DIVORCED	12d USUAL OCCUPATION	126. KIND OF BUSINESS OR		
offer of the state	02	Oltining	LIF NOT IN SUCH ACTUITY, GIVE STREET	ADDRESS) Lt. 2/230	12d USUAL OCCUPATION	DRKING LIFE) INDUSTRY		
2120	Üs	VALRESIDENCE (IF NURSING HOME OR O. STATE	THER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)				
ND 2 Filled ould I	9	hel -	Secto	YES NO	521 Calle	ndai St. 21230		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratending physician. Wher this certificate has been signed by the attending physician and completely filled in the strength to strength of the please remove corbon papers. Pages Land 2 should be fill the and Mental Hygiene prior to burnol, cremation, or removal and many shows any injury, or other troumatic event, the medical examines must be accepted.	25	FATHER'S NAME	DOLE DOLAST	15. MOTHER'S MAIDEN	NAME MIDDLE	Hagorto		
MORE, N e execute n and can Pages Le	160	WAS DE EASED EVER IN U.S. ARM (Y UNKNOWN) (IF YES, GIVE	WAR OR DAYES)	JRITY NO. 17-INFORMANT	Defen 121	8 Ala 821223		
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W. PRI		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF TIME SOL	wet fail	us		
oires th signed to ben plea obvrial,	2	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDIT	ION GIVEN IN PART I(a)		
v req	2 NOTE OF THE PROPERTY OF THE	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		Db. IF YES, WERE FINDINGS USED		
L REC	1 1				YES NOTE	YES NO NO		
VITA N: Th nysicio icate icate ransit Hygie		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		CURRED (ENTER NATURE OF INJURY IN	LITEM 18 PART 1 OR PART 2)		
YSICIAN ding phy s certific ourial-tri Mental br			HOUR A.M. MONTH D	AY TEAR				
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ADIN or ose o use o		22a.1 certify that (I) (this hospita	al) attended the deceased from.	November.	3/_, to / /ay	. 19 3, that (1) (we) lost		
TTEN Pirtola For usef H		saw the deceased alve an obove, (1) (we) (did (did no)	view the body after death.	83_, and that in (my) (our) apir	nian death occurred on the fate	and haur and Iram the causes stated		
OR A bush of the bush of them of the o		27b. SIGNATURE	90/	The DEGREE	C MEDICAL STAFF	22c. DATE SIGNED		
th the est		varia &	Hollund	ATTENDIN PHYSICIA	MEDICAL STAFF	4/16/85		
O HOSPITAL etained by t TO FUNERAL should be defea		DARLA S	HOLLAND.	M.D Unive	wity Ass	pital.		
0 f 5 k M	23	BURIAL, CREMATION, REMOVAL	236 DATE 23	NAME OF CEMETERY OR CREMATO	DRY 236 HOGATION	COUNTY ATATE		
BP		burel	6-20-1983	New Gather	el Balline	ore, lef.		
DHMH - 16 50M 4/82	1	UNERAL DIRECTOR	1 0 Sal	7,000	JIIN 2 0 1983	FIGURE & SIGNATURE		
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

And the same of th

	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.					
(4)		CEASED NAME FIRST OR PRINT) BABY B	WIDDLE	DORSEY	TO DAIL OF DEATH	8 83 3.20 PM		
ors offer d	3. SE	MALE	BLACK	S. DATE OF BIRTH MONTH O6 18 YEAR		FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOLDA MIN		
in 72 hou	10 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary land		CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore CITY or COUNTY Baltimore	OF DEATH City MD.		
Seile	-	paltimore	1 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) ADDRESS) ADDRESS) ADDRESS)	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY		
Sould be	USU.	AL RESIDENCE I IF NURSING HOME OR OF COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW	ADMISSION) 13d. INSIDE CITY LIMITS	? 13e. STREET ADDRESS	V. Ellamont		
200 200 C		Stephen	Sco+	15. MOTHER'S MAIDEN FIRST GWENDO		Dorsey		
Poges Pedical			MED FORCES? 166 SOCIAL SECU	chart	ADDRESS	a la la		
emovol.			one couse per line for (a), (b), on BY: CAUSE (a) Eard (a)	oulmonary sta	ndstill	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 38 min		
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ose remo		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ENCE OF				
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aws ony ii	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?		
ental Hygiel		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR NONE	URRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)		
ked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE		
TOR: After use os of Health		228.1 certify that (I) (this hospital saw therefore as a plive on above (I)		18 JUWE , 19 8	ion deoth occurred on the date and hour	983, that (I) (we) lost and from the causes stated		
detoched tate Dept. NT: If Hem		Mortha D. A	Λ	DEGREE ATTENDING PHYSICIAN		18 JUNE 83		
TO FUNERAL should be dete with the State		12d. PHYSICIAN'S NAME (TYPE OR PRINT) Martha G. Sheridan 12c. ADDRESS of Md Hosp. 22 S. Ereene St. Balt. Md.						
45 3 X	23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b. DATE 6/22/83 23c. 1	NAME OF CEMETERY OR CREMATOR		COUNTY STATE		
50M 4/82 5, 4)	24 FI	INERAL DIRECTOR NAME Anatomy Boa	ADDRESS ard Ba		DATE REC'D. BY REGISTRAR 236. REGISTR	AR'S SIGNATURE		

a Relation Various - Literature -



STATE OF MARYLAND

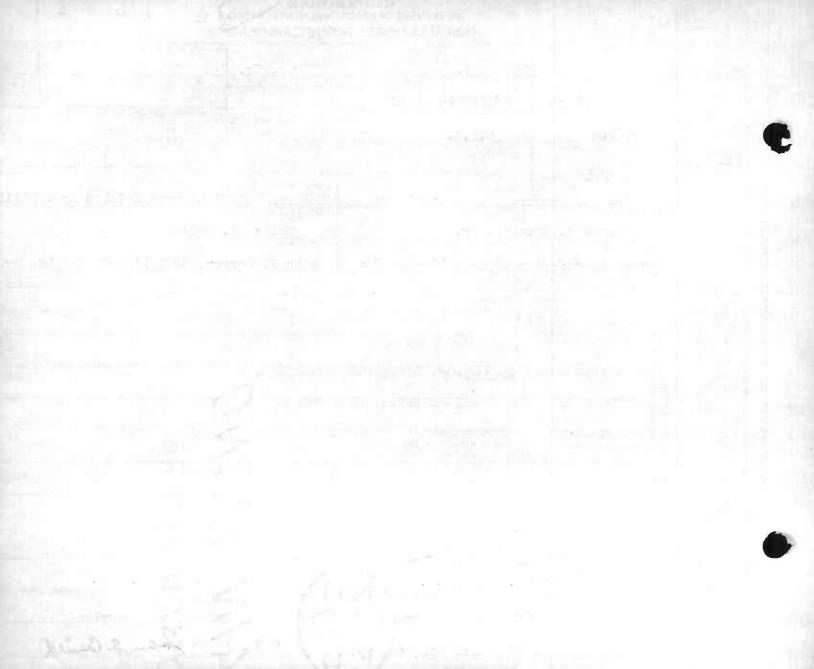
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				ge of the remains des			Autap	sy [A],	Inspectio	n LJ,	Inquiry (,	and in my o	pinion		
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	24. FL	INERAL DIRECT	OR	ADDRESS					25a. DATE	REC'D. BY RI	EGISTRAR	255 REC	GISTRAR'S	SIGNATI	URE	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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oy be age 3 death		CEASED NAME FIRST OR PRINT) JOSEPH	JOHN	DOUGHE		AST		20. DATE OF DEATH	6 21	•	26. HOUR 12:40A M
ctar, pages ofter d	3. SE	× Male	4. RACE Wh	ite	S. DATE C		1509	6. AGE (IN YEARS LAST BIRT	YRS.	ONTHS DAYS	IF UNDER 24 HRS
n 72 hour	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY) and	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER A	AARRIED 🗀	9. BALTIMORE CITY OF	R COUNTY O	OF DEATH	MD.
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ompletely and 2 s		THER'S NAME FIRST Howard	MIDDLE	Dougher		Hele		MIDDLE		Unk	nown
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physicio in papers smaval. event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per ED BY: TE CAUSE (a)	Coudis	rascu	lar cost	apre				ONSET AND DEATH
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for us of He 21 is		sow the deceased alive obove, (Mew) (did) (and h	ital) attended the June of view the bady	21, 1983 v ofter death.				, to June 21 eath accurred on the do		and from the	
		276. SIGNATURE	Carre			MID	ATTENDING PHYSICIAN	MEDICAL STAF	FIANKI	G DATE	SIGNED
to FUNERAL should be determined by the should be determined by the State IMPORTANT:		228. PHYSICIAN'S NAME (TYPE				3900		VEN BLVD. B	ALTO.	MD. 21	1218
ē ⊭#3 <u>\$</u> 3P		BURIAL, CREMATION, REMOVA (SPECIFY) Burial				emetery or o		23d. LOCATION CITY OR TOWN Crownsy	illa	COUNTY	STATE
MH - 16 50M 4/82		uneral director enard J. Ruck	Inc. B				250.30		25 REGISTR	AR S IGNAT	URE *

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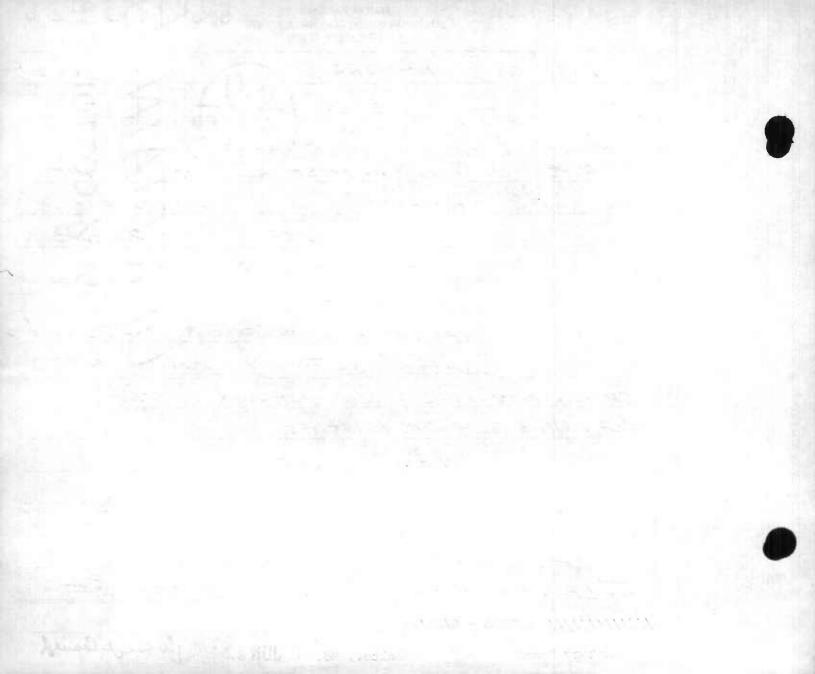
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and 2 sh		THER'S NAME FIRST John	G.		oughert	<i>U</i>		ladys	MI	DOLE	Lark	
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equires that the death cert is signed by the attending to Then please remove corbon to burial, cremation, or rem injury, or other traumatic eve	NOI	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	which nediate g the lost.	(b)	RAS A CONSEC	OUENCE OF	NOT RELATED TO	las (OVCULO	lent CONDITION GI	VEN IN PART	2 day
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OR ATTENION PROPERTY OF THE NOTICE OF T		220.1 certify that (1) sow the decess above, (1) (we) (c 22b. SIGNATURE	(this hospite			9 53/,00	DEGREE	Dur) opinion of	MEDICAL DIRECTOR F	STAFF		that (I) (we) lost the couses stated IE SIGNED.
TO HOSPITAL (retoined by the TO FUNERAL I should be deta with the Store E IMPORTANT: IF		274 PHYSICIAN'S NO	me	UM	day.	Supa	70 ADDRESS	5+.1	Paul 1	lace	Me	ay/
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MANAGER STORY

STATE OF MARYLAND



requires that the death certificate be signed by the attending physician

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE JOHNS HOPKINS HOSPITAL SECRETARY ROOFING CO. JUSANA RESTABLENCE IN MUSICAL ENGINEER AND COUNTY MARYLAND LECTIVOR TOWN MADDEE ANDREW G. FRANK LECTIVOR TOWN MADDEE MODIE LASS MODIE LA		EATH	11. NAME OF	HOSPITAL, NURS	ING HOME						OF BUSINESS OR
13s. CTY OR TOWN 13s. CTY OR TOWN 13s. MINSIDE CITY LIMBY 13s. STREET ADDRESS 13s. STREET ADDRESS 13s. MOTHER'S MAIDEN NAME 15s.			JOHNS	HOPKIN	IS HOS	PITAL					
ANDREW G. FRANK JENNY K. SCHIEFER 186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 177 INFORMANT ADDRESS HENRY J. FRANK 602 BRISBANE ROAD, 21229 188 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (cs) PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Underlying couse list. PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 198 DATE OF OPERATION 198 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERTYING TO AUSE OF DEATH 198 DATE OF OPERATION 199 DATE OF OPERATION 199 DATE OF OPERATION 190 DATE OF OPERATION 199 DATE OF OPERATION 190 DATE OF OPERATION 191	13a. STATE			13c. CITY OR TO	NWN	100				ENUE, 2	1205
TYPES, NO DE UNENDOWN CEYTES, ONTE WAR DR DATES) 212-07-8673 HENRY J. FRANK 602 BRISBANE ROAD, 21229	FIRST		_			FIR	RST	MIDDLE			
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Stew P Selw men 601 W Boallerey 200 to	226. SIGNATURE	en l	p fo	lu.	Oin	ATI	ENDING			22c. DATE	SIGNED /3/C
23g RURIAL CREMATION REMOVAL 23h DATE 23g NAME OF CEMETERY OR CREMATORY 23d LOCATION	221 PHYSICIAN'S	NAME (TYPE	OR PRINT)	aw h.	new		JOHNS	HOPKIN		SPITA	5008
SPECETY COUNTY STATE		N, REMOVA	236 DATE	23	NAME OF	EMETERY OR CR	EMATORY	23d. LOCATION		COUNTY	67475
BURIAL 06-07-83 MOST HOLY REDEEMER BALTIMORE CITY MARYLAND	BURIAL		06-07	-83 M			MER		RE CIT	Y MA	RYLAND
124 FUNERAL DIRECTOR NAME HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. 21229 ADDRESS ADDRES	NAME	NERAL	HOME, TI	NC. 4107			25a. DAT	E REC'D. BY REGISTRA	R 25b. RECUST	LAR'S SIGNAT	Court

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

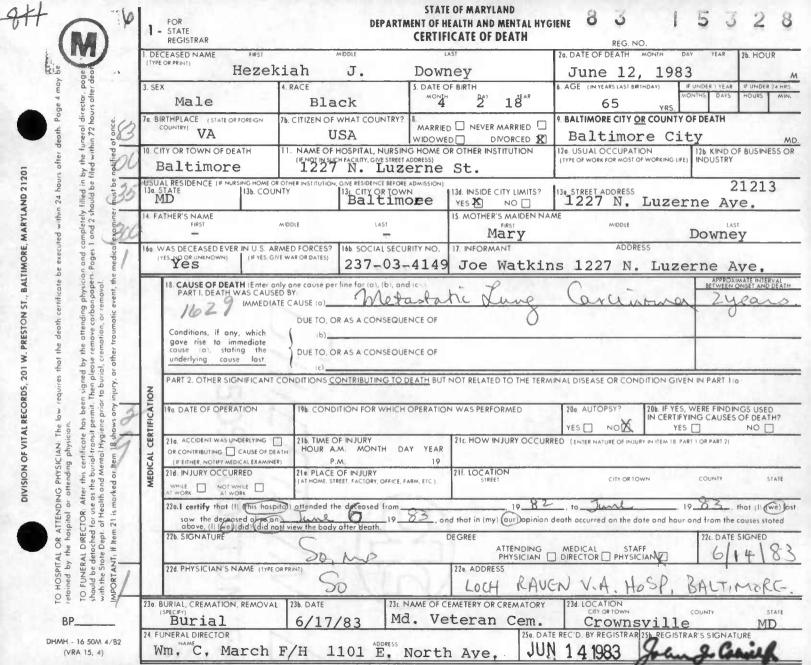
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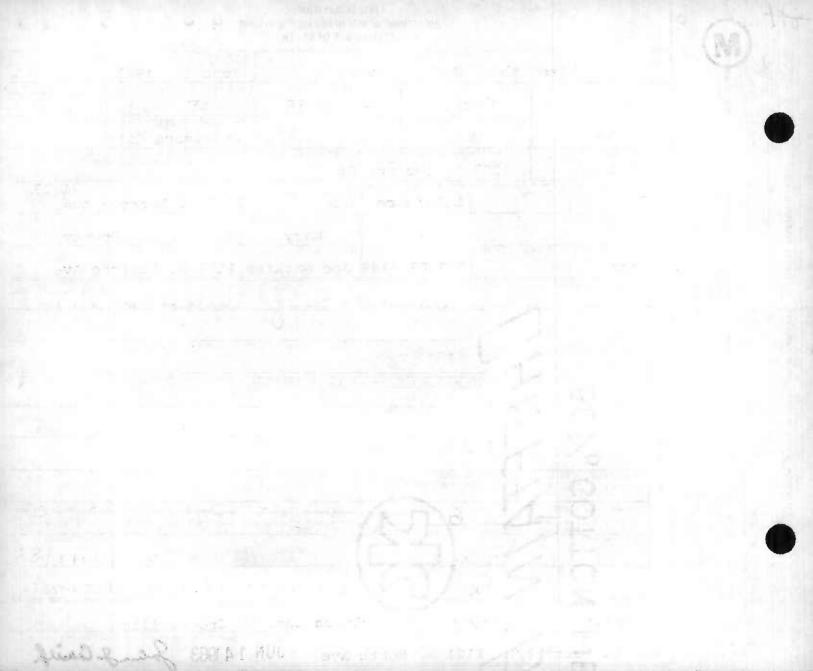
TO HOSPITAL

BP

IMPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the medical should be detached for use as the burial-transit permit. Then please remove carban popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

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ADDRESS

1101 E. North Ave

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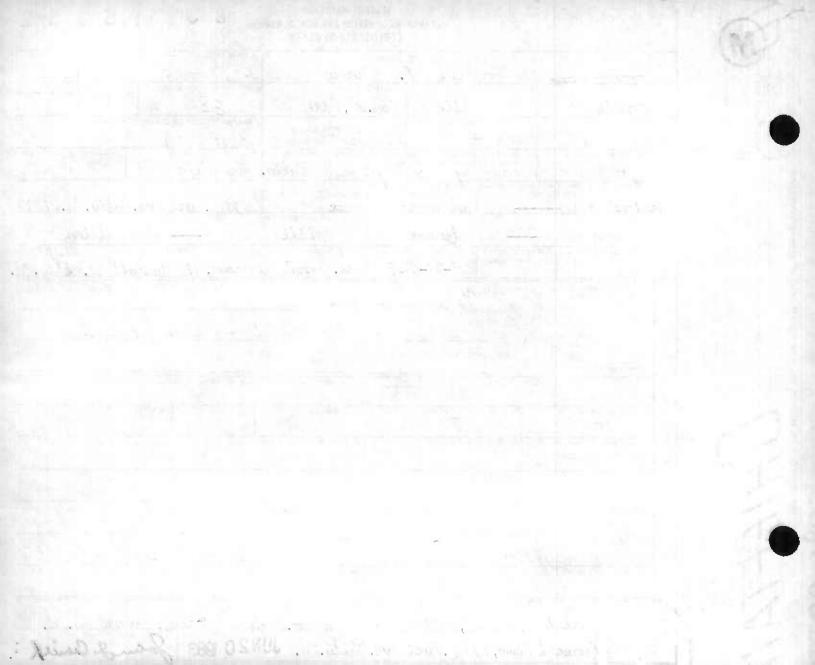
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

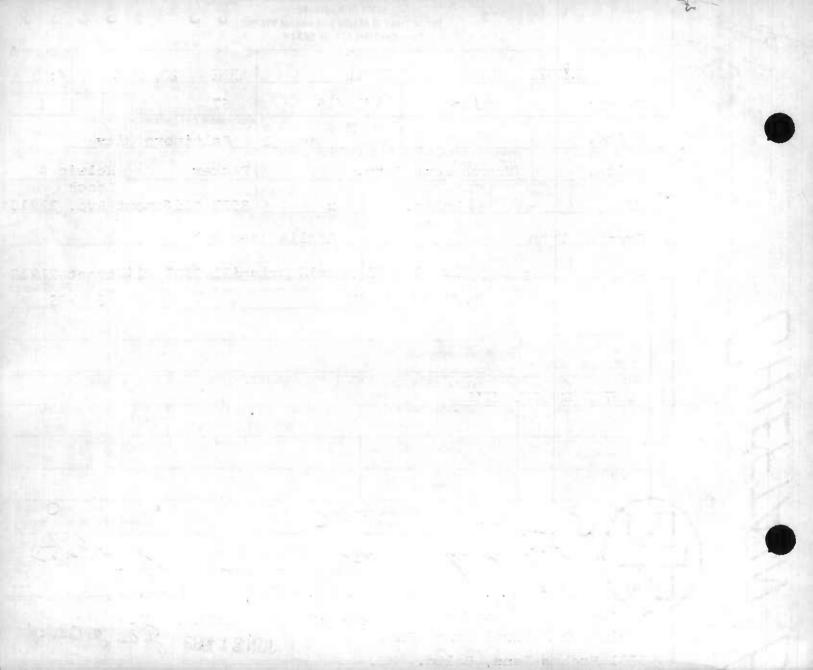
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M	1.	FOR STATE REGISTRAR	DEPARTMENT OF	ITE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO.	1533
thoop to decorb		CEASED NAME FIRST	Amie E.	Drewny OF BIRTH	20. DATE OF DEATH MONTH	IF UNDER I YEAR IF UNDER 24 H
oge 4		Female		1.28, 1900 YEAR		YRS. MONTHS DAYS HOURS M
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n and complement on medical and		VAS DECEASED EVER IN U.S. A YES. NO OR UNKNOWN) (IF YES, C	irmed forces? 166. Social Security No 225–03–8427		amerson, 410 Ro	21230 Indall St. Balto.
equires that the death ce is signed by the ottendin. Then please remove carb to burial, cremotion, or injury, or other traumatic.	NC	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH B		cleovas culan	
he low ron. hos bee t permit. ene prio	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
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OR ATTENDING he hospital or of DIRECTOR: After oched for use os: Dept. of Health of If hem 21 is mork		saw the deceased alive of	pital) attended the deceosed from	pnd that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STAFF	. 19 , that (I) (we) ad hour and from the couses stated
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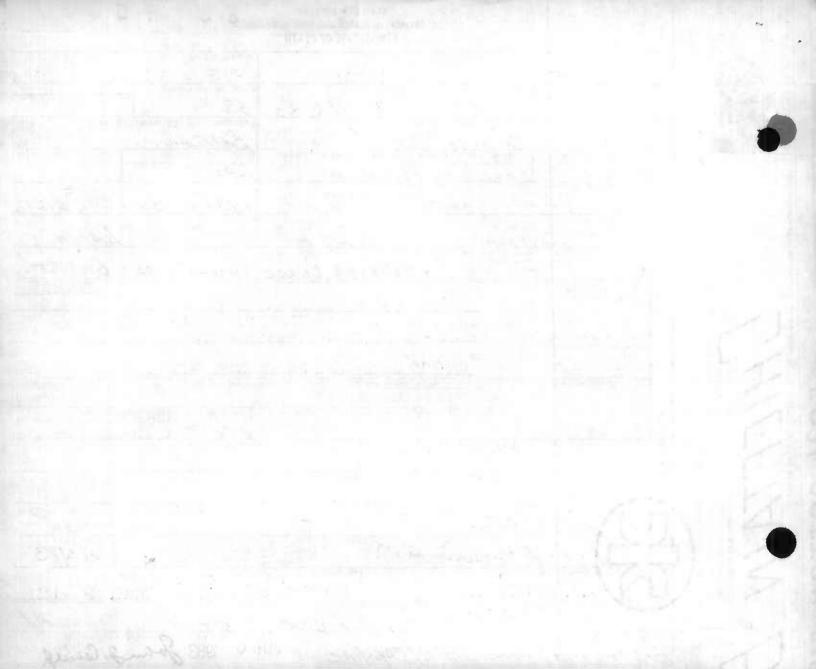
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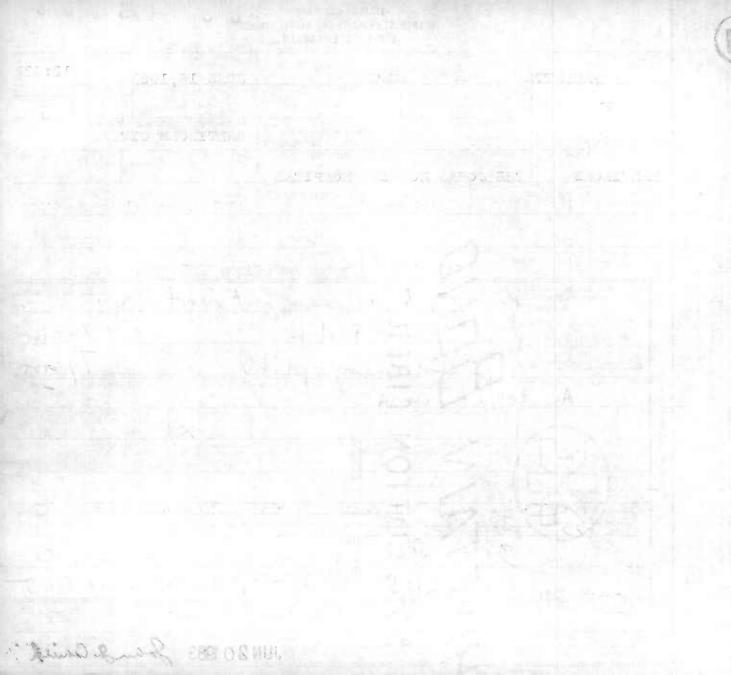
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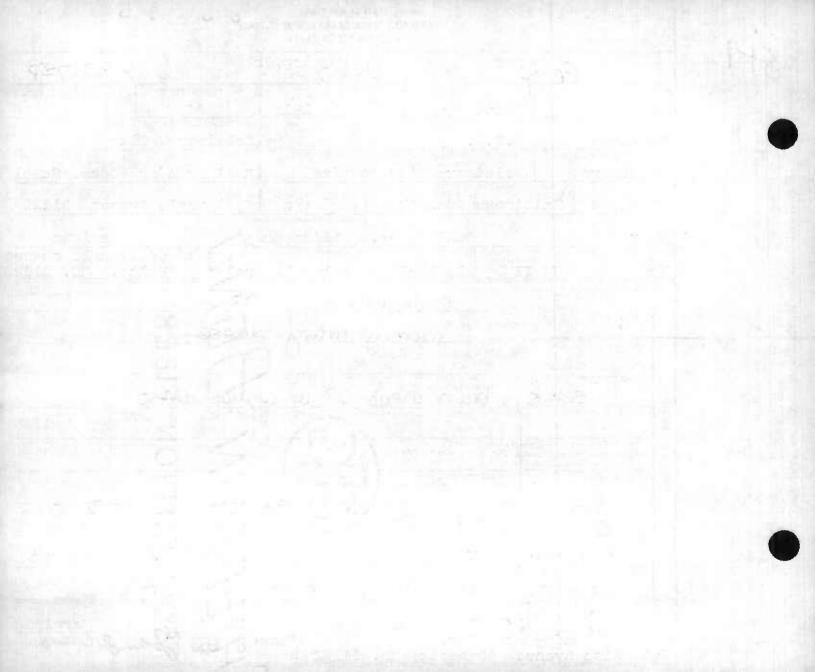


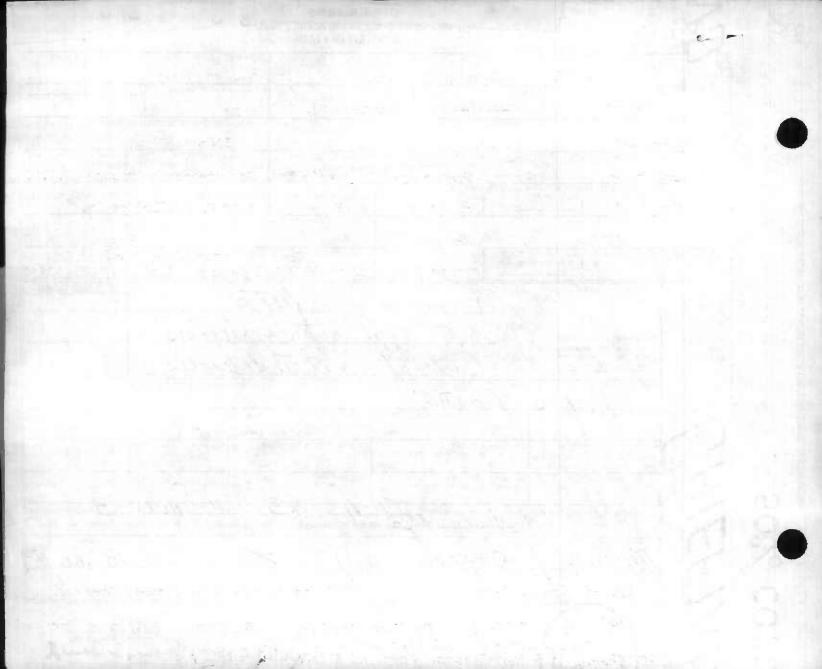
(VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

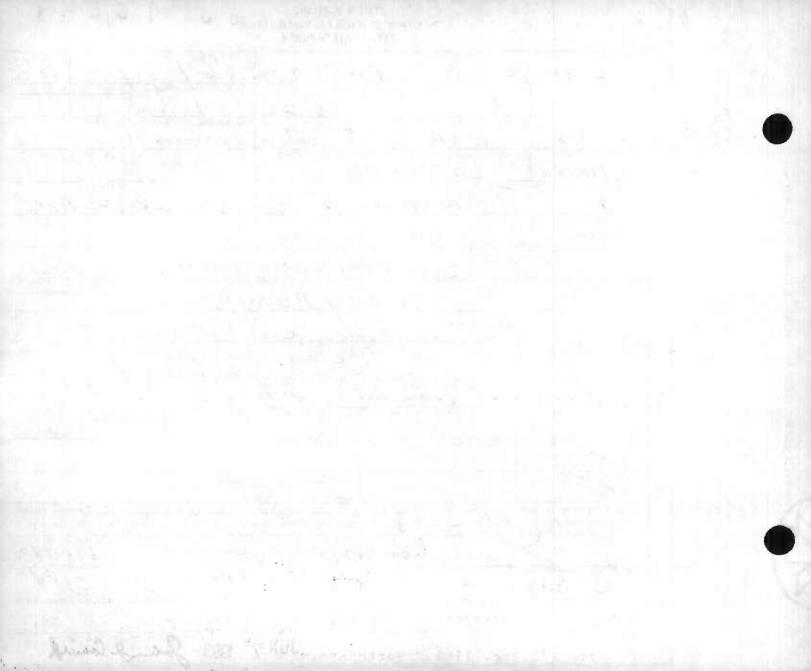


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RAL DIRE detoched tote Dept.		226. SIGNATURE	noop	a m	A		PH	TENDING HYSICIAN []	MEDICAL DIRECTOR PH	STAFF YSICIANX	22t DATE SI	GNED 663
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3P	24 FL	ITIAL INERAL DIRECTOR D	2240. 3	16/10/	1983	Oak	Lawn	250 PAIN	Baltin	RARIZE	Ma	ryland
MH - 16 50M 1/81 (VRA 15, 4)	70	NAME VISE	Aveni	KUCK,	Tuc.*	k, MD.	21222	301	8 1983	John		any
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HOSPITA Direct by FUNERA ould be de th the Stot		22d. PHYSICIAN'S NAME TYPE OF	RPRINT A	222	PHYSICIAN ADDRESS 6 PIRES	DIRECTOR PHYSICIAN	NO W 1	3 R8
PP	23a. I	URIAL, CREMATION, REMOVAL STURIAL	236. DATE 6/10/83		ill Cem.	23d LOCATION Grenburn	ie COUNTY	Mđ ^{TA}
DHMH - 16 50M 4/B2 (VRA 15, 4)		NERAL DIRECTOR NAME C March F/H	Inc. 1101	DRESS North	HIN	7 1983	REGISTRAP'S SIGNA	URE



STATE OF MARYLAND

FOR

(VRA 15, 4)

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S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD, "REDIDING" IN PENCIL IN ITEM 18. GIVE PAGES ID AND PROFIL IN ITEM 18. GIVE PAGES ID AND PROFIL IN ITEM 18. GIVE PAGES ID AND PROFIL OF THE WORD, "REMINER ALONG WITH FORM, WE RETAIN SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES I AND 2 SHOULD EDEPARTMENT OF HALLTH AND MENTAL HYGIENE, DIVISION OF WITH PECONO OF PROFILED OF	2	gave ris cause (o) lying cau	is, if any, which e to immediate stating the under se last.	DUE TO, OR	AS A CON	NOT WOU NSEQUENCE C)F			T 1 :0 ·					
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TO MEDICAL EXAMINER: 1 FACUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORN TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, S		220 I certification of the control o	edirdon. Note	ge of the remoint des prol couses A	Accident	h M	Autap:	Homic TITLE (S		Undete	Inquiry Calexamine	er,	DATE SIGNED	6/15/8	201
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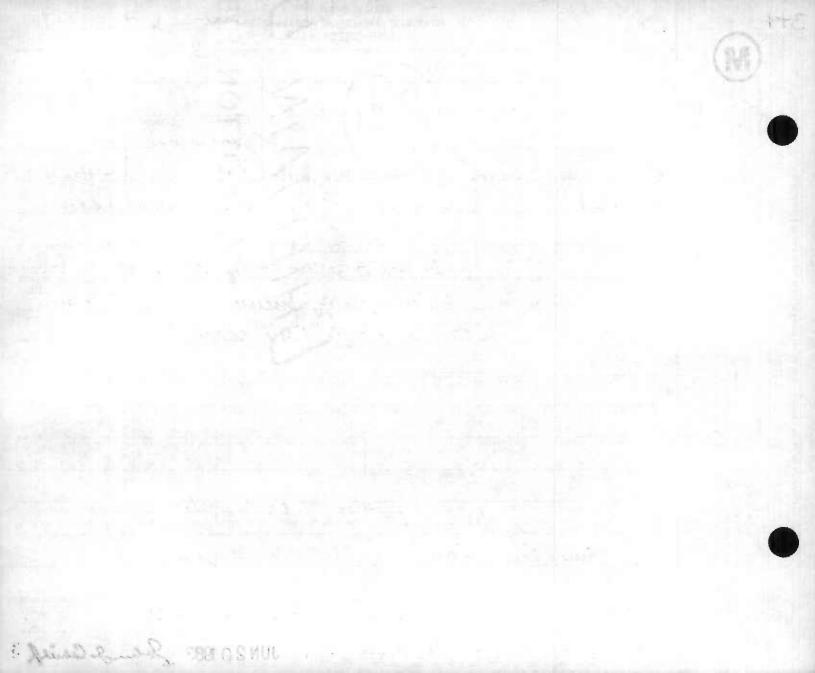
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or Hem	9	CA	(IF EITHER NOTIFY MEDICAL EXAM	NER) P.	M.	19					
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			22c.1 certify that (I) (this ha	spital) attended th	deceosed f	rom JUNE	25	, 19 03	JUNE 23	. 19	, that (1) (we)
7			saw the deceosed alive above, (1) (we) (did) (did			19	nd that in (my)	(our) opinion o	death occurred on the date	and hour and from t	ne couses stated
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*	74		my of	hour			A	TTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	n	
	+		224. PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRES		RCH HOME CORF		
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with the Stote	1	23o. B	M. A. RASHI URIAL, CREMATION, REMOV BURIAL		182	23c. NAME OF C		REMATORY	23d. LOCATION CITY OR TOWN	BALTO	STATE MD

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C March F/H Inc. 1101 E. North Avenue JUN 20

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•	CAL EXAMNER: THE CERTIFICATE SHOULD BE FORE RAL DIRECTOR: CATH, WITH THE S RRE, MARYLAND,		22a. I certify that , death resulted from ACTUAL SIGNATURE		F-3	ibed abave, held an accident . Si		Hamicide	Undetermined	manner .	DATE SIGNE	6	-16-8	83
	TO MEDICAL EXECUTE THE COPAGE 4 SHOUL TO FUNERAL DAFTER DEATH, V BALLIMORE, M	/	EXAMINER'S NAME (TYPE OR PRINT)	Ann M	1. Dixon,		ADDI		Penn St.		o., Ma	d. 2	1201	
	BP	3	JNERAL DIRECTOR	23b. D	-20-83	23t. NAME OF CE	MATERY OR CRI	Cem.	23d. LOCATION CHOOR TOWN	Hruno	lett.	()	×4 STA	יאמני
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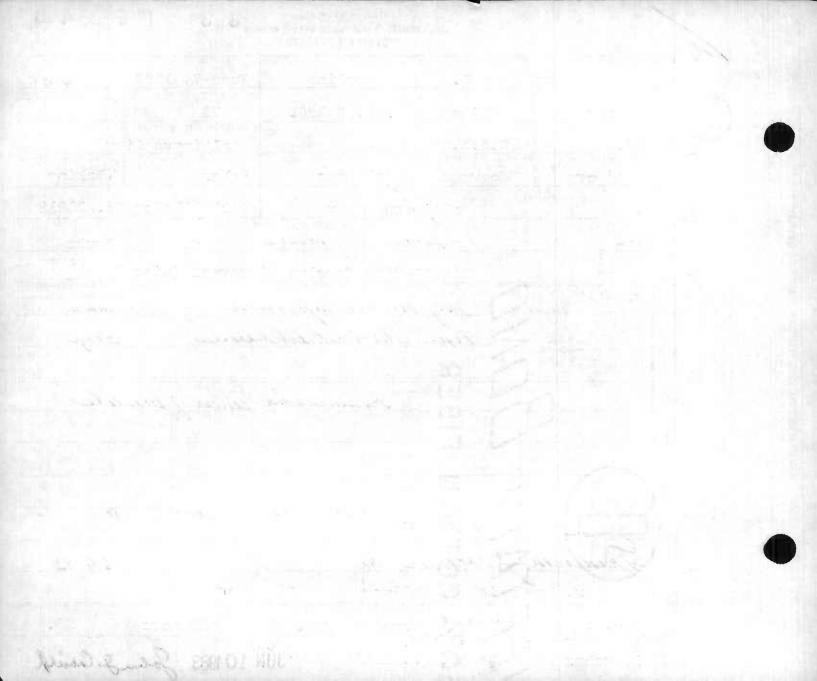
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CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HY		1 3 0	-, 0
	ECEASED NAME FIRST		MIDDLE		LAST	REG. NO. 20 DATE OF DEATH MONT	H DAY YEAR	2b HOUR
{ TYI	PE OR PRINT) Ear	1	L.	Ec	geling	June 7, 19	83	4.75 P. M
3 S		4 RACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
	Male	Wh	ite	Feb		75	MONIHS DATS	HOURS MIN.
. 7a. 6	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED X	9. BALTIMORE CITY OR CO	1110	
1	Md.	U.S		WIDOWE	D DIVORCED	Baltimore	City	MD.
10 0	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION	KING LIFE INDUSTRY	OF BUSINESS OR
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13a	Id.		136. CITY OR TO Baltim	WN	13d INSIDE CITY LIMITS?	3637 Elkad	ler Rd.	21218
14 F	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	LA	ST.
1	John	н.	Eggel	ing	Minnie	С.	Kur	
	WAS DECEASED EVER IN U.S. AF (YES NO OR UNKNOWN) (IF YES, GIT	MED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRESS		same
	no		218-22	-2925	Carolyn Z	ımmerman (nı	.ece)	lress_
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	nly ane cause pe D BY:	-	9		/ • /	BETWEEN	ONSET AND DEATH
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	Control	DUE TO, C	OR AS A CONSEQU	UENCE OF	die heart	him.	543	
	Canditians, if any, which gave rise to immediate	(b)_(rupur n		0	
13	cause (a), stating the underlying cause last.	DUE TO, C	R AS A CONSEOU	UENCE OF				
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RTIF		-				YES NO	YES	NO [
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	abave, (I) (wa) (did no 22b. SIGNATURE	it view the bad	after death.		DEGREE	addition and the date an	22c DATE	
	Tredition	101	40.00	· Su	ATTENDING PHYSICIAN	MEDICAL STAFF	100	0/3
	22d. PHYSICIAN'S NAME (TYPE C	OR PRIMI	· cure	7 100	22e ADDRESS	DIRECTOR PHISICIAN [169	-0-3
		ederic		llme		0 York Rd.		
230	BURIAL, CREMATION, REMOVAL (SPECIFY)				EMETERY OR CREMATORY	23d LOCATION Baltimor	COUNTY	N.E. STATE
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(om (Set)	3. SEX		4. RACE	Tara-Pari	5. DATE OF BIRTH	VEAR	GE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	
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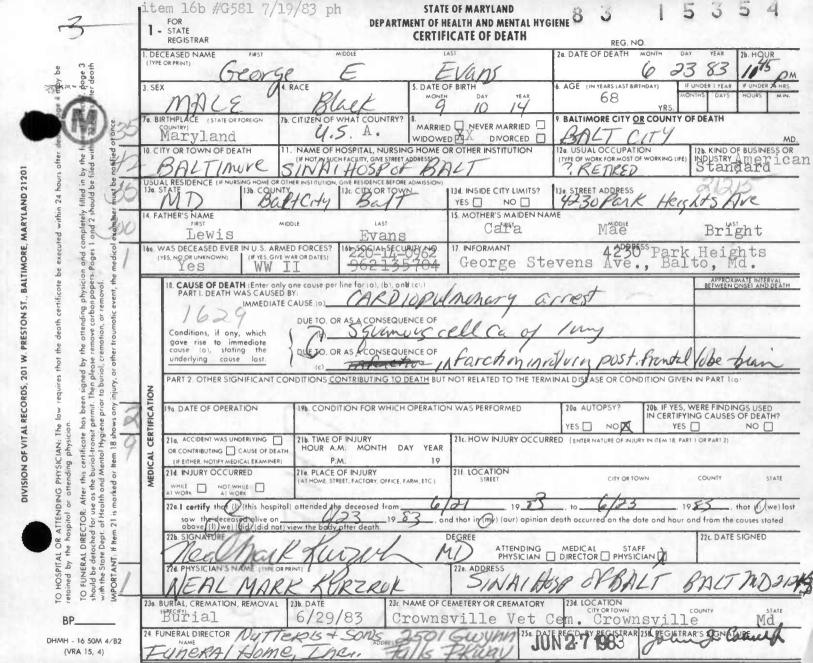
	T	DEC	REGISTRAR EASED NAME	FIRST	WIDDLE		ICATE OF DEATH	REG. 20. DATE OF DEATH	NO.	YEAR 25. HC
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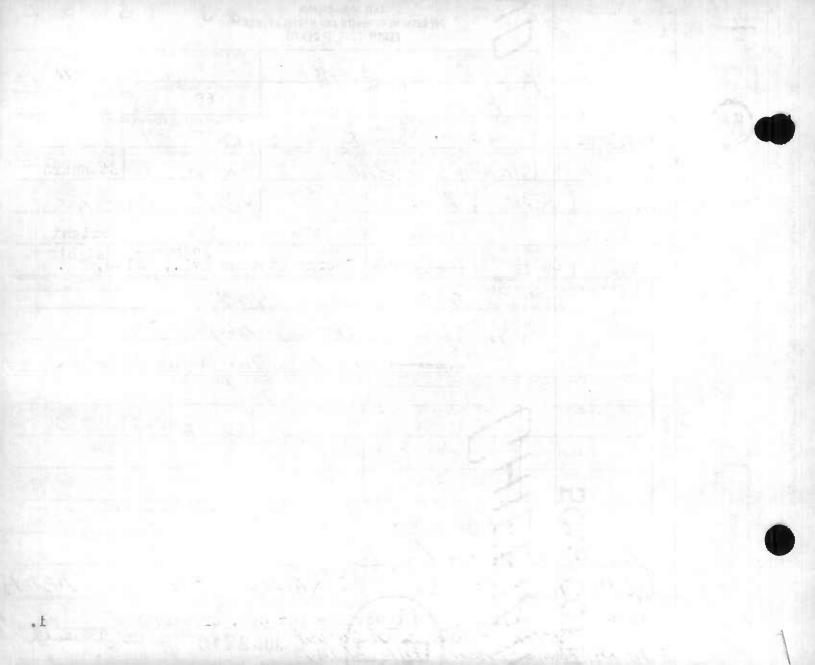
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO KNOWN XX WONTH 2h HOUR 6-17-83 DEATH MATED 2d HOUR 6-17-83 6:39 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY 21217 612 Cumberland Street Baker ADDRESS Bernadette Carter 508 Richwood Ave

20 AUTOPSY? NOXX 2TC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and in my apinian DATE 516NED 6-17-83

DHMH - 17

(VR A15 ME (5)) 20M 4/82

FOR 1 - STATE

230. BURIAL, CREMATION, REMOVAL 236 DATE BURIAL 24 FUNERAL DIRECTOR

6/23/83

March F/H, Inc. T101 E North Ave.

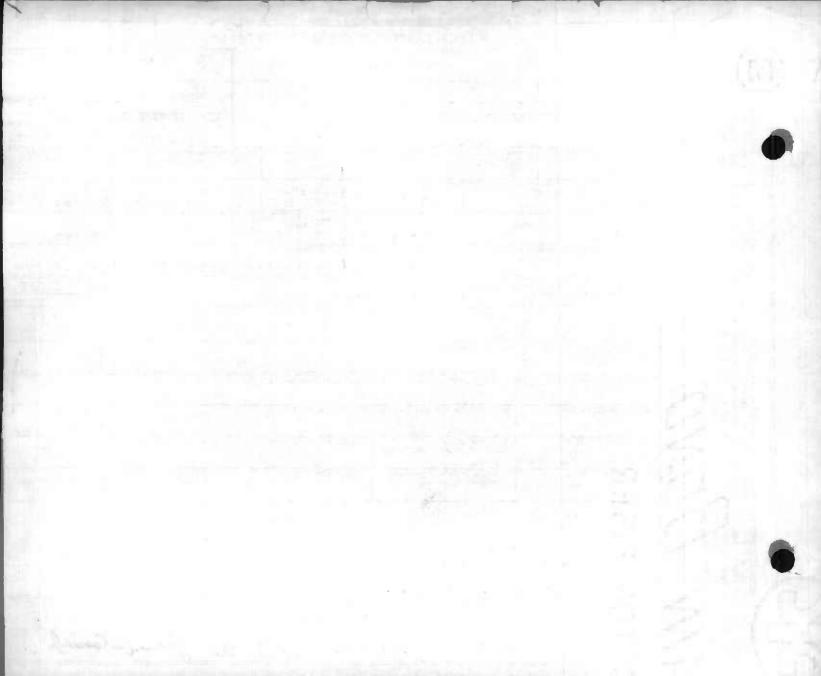
23c. NAME OF CEMETERY OR CREMATORY Mount Zion Cemetery Lansdowne

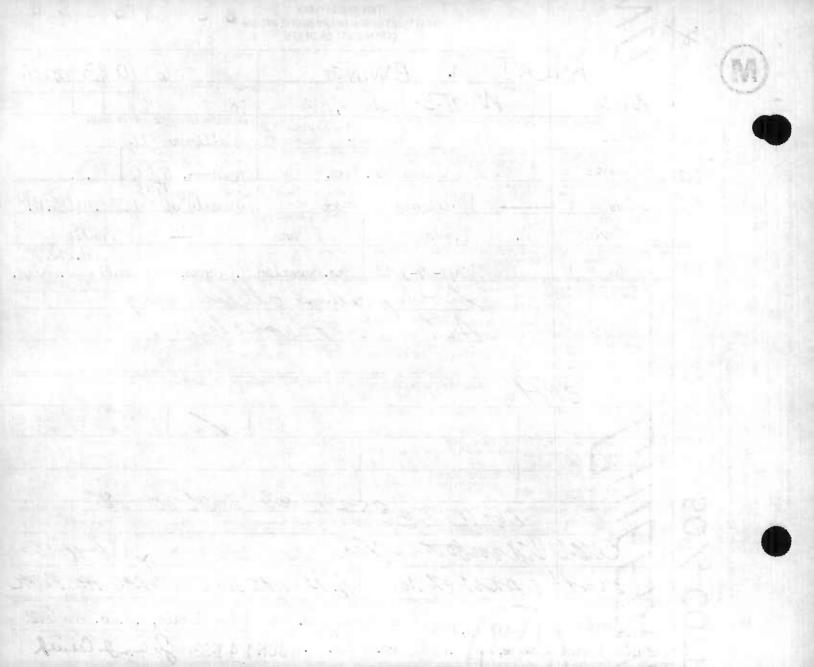
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BETWEEN ONSET AND DEATH





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in 24 hour	130. 1	AL RESIDENCE (IF NURSING HOME OR OT STATE 13b. COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE 134. CITY OR TOWN	NO 136	ES NO	130. STREET ADDRESS	LA 57	4
E, MARYLA completely is 1 and 2 shi		NUNZIO	CANCELLIE	RIE	MOTHER'S MAIDEN NAM	ALIDDIE	CARIND	
be execu		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE V	110 00 0 1 100 I	7156 1	INFORMANT ANNE N	1ARTIN	ABOVE APPROXIMATE INTERVA BET WEEN ONSET AND DE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be file this and Mental Hygiene prior to burial, cremation, ar remaval. And Mental Hygiene prior to burial, cremation, ar remaval.	NO	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	CAUSE (0) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	out facture of the termination o	NAL DISEASE OR CONDIT		
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SION OF VIT A PHYSICIAN: Th ending physicia this certificate I be burial-transit ad Amental Hygie d ar frem 18 sha		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	t. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY II	NITEM IS PART 1 OR PART 2)	
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by the BRAL DI RRAL DI State De ANT: If It		224 PHYSICIAN'S NAME (TYPE OR P	Jaman 10	2	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO 6-10-83	3
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1101 E. North Ave.

24 FUNERAL DIRECTOR

Wm. C. March F/H, Inc.

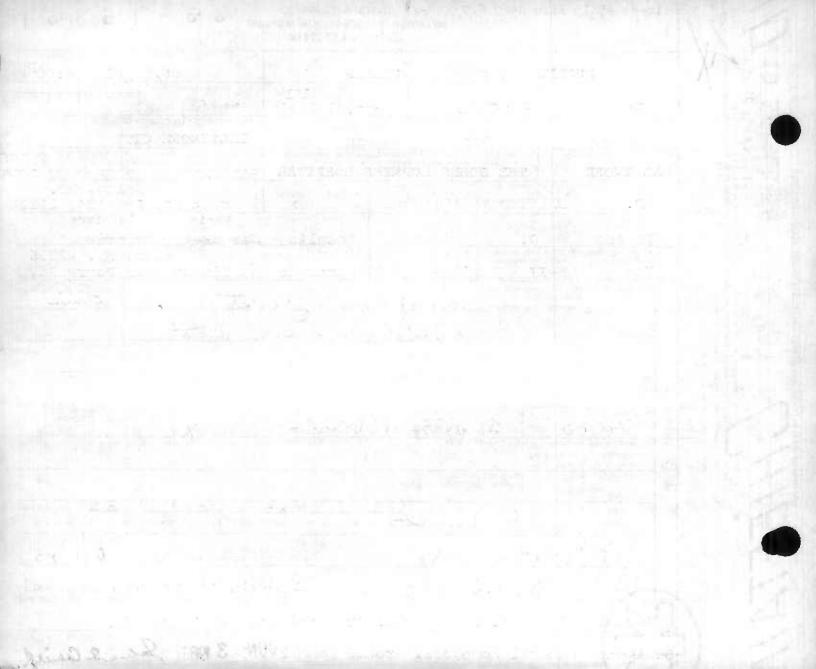
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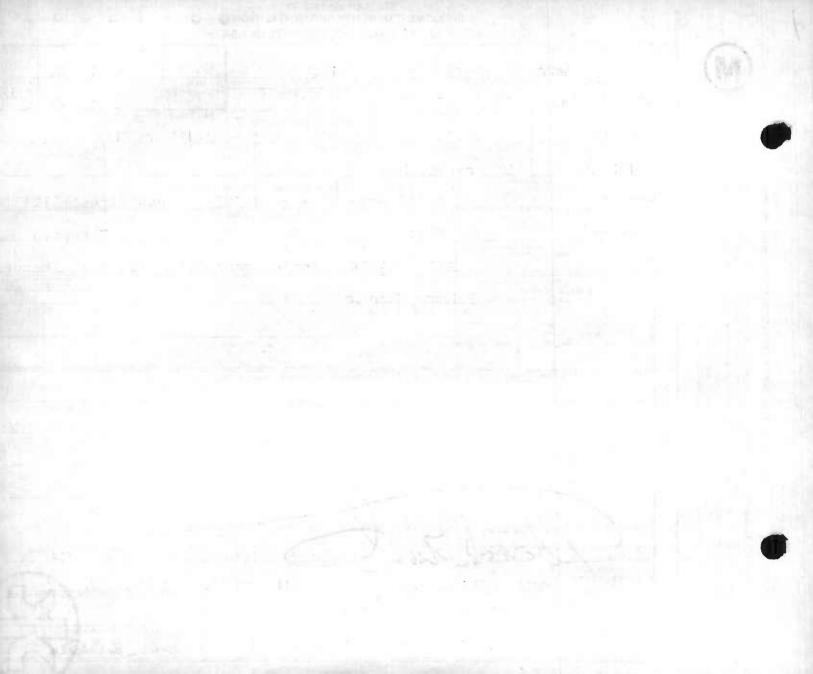
STATE OF MARYLAND
DEFARTMENT OF HEALTH AND MENTAL HYGIENE

CTU & CO 08/9 - In Action Seek of the Land

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and co			IVE WAR OR DATES)	IAL SECURIT			ADDRES B	ålto, MD.	21236
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ICIAN: TI g physicia ertificate ial-tronsif mtal Hygin fem 18 th		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. MON	NTH DAY	YEAR 19	JURY OCCURE	1 7	IN ITEM 18 PART 1 OR PART 2	Code 19
S S o din	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR		21f. LOCATIO STREET	N	CITY OR TOW	N COUNTY	STATE
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1630 Edmondson Avenue, Catonsville, Md. 21228

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

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72 hou	Je: 81	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORÉ CITY <u>OR</u> COUNT Baltimore	
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ond 2		FIRST Peter J.	"Fleckenstein"	Therese	a Morgrath	LAST
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TO FUNERAL should be de with the Stoti	23a	HANS BURIAL, CREMATION, REMOVA SPECIAL	23b. DATE 23c 6-22-83	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltimone	COUNTY STATE
MH - 16 50M 4/82 (VRA 15, 4)	24. F	JNERAL DIRECTOR	Inc-6415 Belatir	250. DA	UN 22 1985	TRAP SCOULARD

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e č	1. DEC	CEASED NAME FIRST STATES		MIDDLE	Flerring	20. D/	ATE OF DEATH MONTH	IN LOS	333 T
pode er depi	3. SEX		4. RACE	S.	5. DATE OF BIRTH	6 AG	E (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	
5 5		female	Can	cooren	VAC HINOM	YEAR	66	MONTHS DAYS	HOURS MI
		THPLACE {STATE OR FOREIGN CHINTSYLVANIA	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED □ NEVER MARRIED □	ARRIED 9. BAI	TIMORE CITY OR CO	UNTY OF DEATH	, ,
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Puges 1 c		AS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU		Cy whi	to - 9145	carey st	BALTI
by the attending the remove cort. Commerce, or other traumats.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b) DUE TO, O	R AS A CONSEQUE	NCE OF			C 2 1	Marie,
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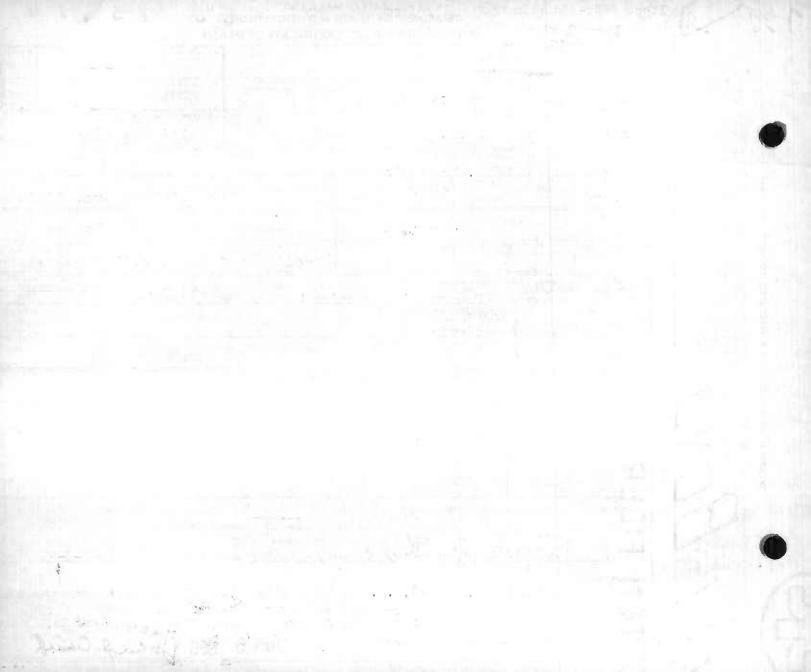
STATE OF MARYLAND

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ctor, pos	3. SE	Female	A RACE / White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
His Pog		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OF	
(M) I	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED DIVORCED TO THE INSTITUTION TADDRESS)	120. USUAL OCCUPATION	
11 135	USU.	AL RESIDENCE (IF NURSING HOME OR IT ATE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	rside Ave. 21230
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quires that the deo signed by the atter hen please remove to burial, cremation ijury, or other troum	NO	Conditions, if ony, which gove rise to immediate couse to, stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c)	JENCE OF DEATH BUT NOT RELATED TO THE TERM	inal disease or cond	DITION GIVEN IN PART 110
no. hos been permit. T ree prior i	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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3. SE			5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA	RS IF UNDE	R 1 YR. IF UNDER		DATE NOUNCED	HINOM	DAY YEAR	2d HOUR
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F	Georgia		U.S.		WIDOWED	NEVER MARR	IED 🔲	Baltim			
	CITY OR TOWN OF DE	ATH	11. NAME OF HOS	PITAL, NURSING HOME			120. USUAL	OCCUPATION (126 KIND OF B	USINESS
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USU 13a.	ALRESIDENCE (IF IN NI STATE Maryland	136 COUNT	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN Baltimo	13:	d. INSIDE CITY LIMITS?	13e STREET	ADDRESS N F 11 1	ton A	ve. 21	223
	ATHER'S NAME			Dartimo		YES NO		N.FuI	COII A	Ve. 21	223
1	Adam		MIDDLE	Folder		Janie		MIDDLE		Scott	
160	WAS DECEASED EVER	R IN U.S. ARM	ED FORCES?	166 SOCIAL SECURITY	'NO. 17	D. 17. INFORMANT ADDRESS					
No No			TAN ON DATES	N/A		Freddie	L.Fo	lder,J	r.170	3 W.Le	xing-
				far (a), (b), and (c).)						APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
			CAUSE (0) HYP	ertensive a		oscleroti	c card	ovascul	ar		
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STATE OF MARYLAND

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	FOR STATE REGISTRA	R		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	S REG. NO.	1 5	3	7 2	
	T. DECEASED NA	Kather		atilda	Forb	es (Schlutte	DATE OF		DAY	YEAR 83	26 HOUR	M
	J. SEX Eemo	le	Caucasi		5. DATE C		4	EARS LAST BIRTHDA	YRS.	DER I YEAR	HOURS MIN.	_
	(COUNTRY)	ISTATE OR FOREIGN	US	WHAT COUNTRY?	WIDOWE	D NEVER MARRIED D DIVORCED D	Ba	HIMOT	e. c.	ty	MI	_
y	Baltemo	0.1	Universi	ty of Mon	odress)	1 11 . 1 1	TYPE OF WOR	CCUPATION KEORMOST OF WO	RKING LIFE) IN	NDUSTRY	BUSINESS OF	
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6	14. FATHER'S NAMED IN COLUMN	d W	ayne	Forbes	:5	15. MOTHER'S MAIDEN N	rnadine	MIDDLE KOV	ren xx	LAS-	Schlutz	e
	(YES, NO OR UNK		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	Floyd W. Fo	rbes 84	2 S. Ed	ust Au	enue .	21224	
		OF DEATH (Enter on DEATH WAS CAUSE)		line for (a), 1b), and Cardio -		nonary as	rvest		-		MINUTE INTERVAL	<u>=</u>
	gove rise	if ony, which to immediate to, stating the	DUE TO, OF	RAS A CONSEQUEN	NCE OF	Septicemic	X .	1.87		24 6	Car2	_
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1		NT WAS UNDERLYING UTING CAUSE OF DEA		M. MONTH DAY	Y YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NA	TURE OF INJURY IN	ITEM 18, PART 1	OR PART 2)		_
	OR CONTRIBLE (IF EITHER N 21d INJURY WHILE AT WORK	OCCURRED	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FAI	RM ETC)	211 LOCATION STREET		CITY OR TOWN	(OUNTY	STATE	
	sow th	y that (I) (this hospite deceased alive an	quine	8 19 5		d that in (my) (our) opinion		dan the date o	. 19_ ind haur and	from the c	hat (I) (we) las ouses stated	

and that in (my) (our) opinion deoth accurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED

MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS

230. BURIAL, CREMATIC

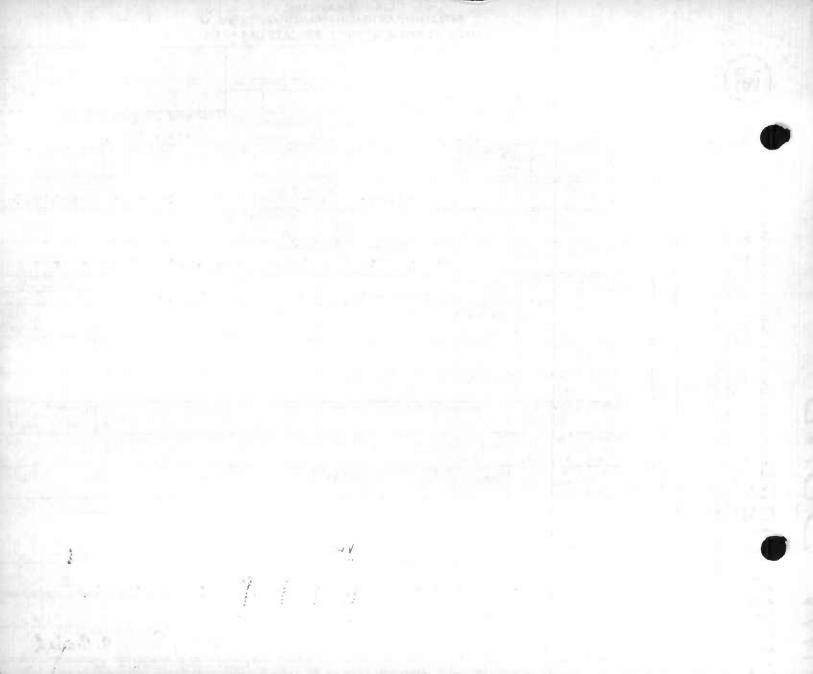
DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Hem 21 is morked or Item 18 sho

Sacred Heart of Mary Charles S. Zeiler & Son Inc. 901 SL Conkling St

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A	4. FA	THER'S NAME FIRST		WIDDLE		LAST		15. MOTHEI		NAME	MIDDL	E		LAST	
4	ia W	AS DECEASED	EVER IN U.S. AR/	MED FORCES?	166 SO	CIAL SECURITY	NO.	I d				ADDRESS			
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	J	ACTUAL SIGNATURE	m	(20	n	_	AA	n Ass	istan	+ MEDIC	AL EXAMINE	c p	DATE	6-9	-83
2	/		11	20											
0		EXAMINER'S N	Ann Ann	M. Dixon	, M.E).		ADDRESS	111 P	enn S	st., B	alto.	, Mc	1. 212	01
2	3a. Bl		ON, REMOVAL 2	3b DATE	23c.	NAME OF CEM			RY	23d. LOC CITY OR	ATION		COU	INTY	STATE
	·	BURIA	L	6/14/83	M	lount 2	Zion			Lan	sdow				Md.
2	4 FU	NERAL DIRECT	OR	ADDRESS				2			EGISTRAR	25) EGIS	TRAR'S	GNATURE	1
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		FOR	DEBAG	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG	1 S 3	5 3 / 4
1	1.	STATE REGISTRAR	DET AP	CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
# FE	(,,,,,	LILIA		FORD	6	24 83 5A.M
	3. SE.	· F.	RACE	5. DATE OF BIRTH MONTH 7 7 1 Q OL	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
3 1000	7a Bl	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	v2 1	9. BALTIMORE CITY OR COUNT	Y OF DEATH
1	C	SA.	V. SA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE	Cty - MD
4 4 5 (B)	-		(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	A CONTRACTOR OF THE CONTRACTOR
hours affi		ALTIMORE AL RESIDENCE AIF NURSING HOME OR	CARRISON OTHER INSTITUTION GIVE RESIDENCE BE		None	None
hin 24 ha	13a. S	TATE 136. COUN	ITY, 13c. CITY OR TO	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Her	isa and 24
= 20	14. F.	THER'S NAME	WEOLE LASS	7 PAST	ME	LAST
e executed wind and compler Poges Land	16a. \	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 14 50CIAL SE 220	CURITY NO. II. INFORMANT	801 Horas	2/2/6
rtificate by g physicion and popers. emavol.		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line for (a), (b),	ond (ct.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (o) Cond	nen tanne	e	1
death of ottendi		Conditions, if ony, which	DUE TO, OR AS A CONSEC	W. T. S.	Tarline	lyr
equires that the death ce is signed by the attending Then please remove carb to burial, cremotion, or r injury, or other froumatic		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS ACONSES	QUENCE OF		Isurs
quires the	Z	PART 2. OTHER SIGNIFICANT C	101	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	VEN IN PART 1(0)
ow requirements. The prior to ony injur	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
hos hos	FE	NONE			YES NO NO	ES NO
SICIAN: The paper properties of physicic certificate certificate entol-transit entol Hygie them 18 sho		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
Sicon Ment Per	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19 21f. LOCATION		
G Pr er th the and	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF		CITY OR TOWN	COUNTY STATE
TENDING tol or of OR: After or use os if Health		22a.1 certify that (I) (this hospi	1 /0-	0.5		19,;that (I) (we) lost
ATTE Sspite Spite ScTC d for d for m 21			t) view the body ofter death.	1 1	death accurred on the date and ha	22c, DATE SIGNED
AL OR AT OR AT OR LOSP y the hosp (AL DIREC! detached f ote Dept. ot UT; if them 2		226. SIGNATURE	oud (MA)	ATTENDING PHYSICIAN [EDICAL STAFF	6/84/13
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Sho of of will be of	23a.	BURIAL, CREMATION, REMOVAL SPECIFY)	1214 DATE C3 4	IL NAME OF CEMETERY OF CREMATORY	23d. LOCATION	COUNTY
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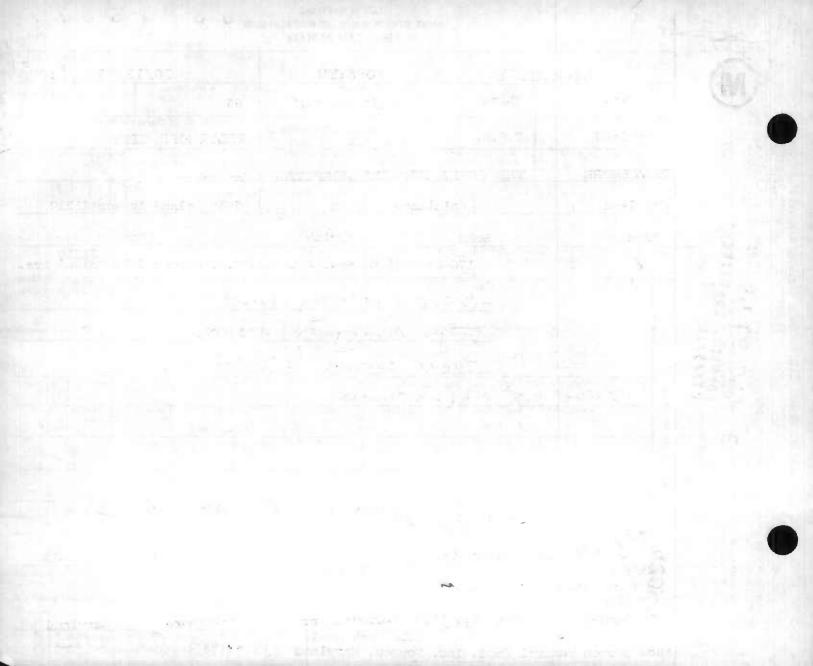
5 0 7	1.	FOR - STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 3 5 3 /
nay be page 3 ;r death		REGISTRAR CEASED NAME FIRST FOR PRINT)	MIDDLE	FORP	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 20. HO
ge 4 may ector, pag ors after de	3. SE	x Female	1. RACE CWhite	s. Date of Birth March 6, 1906	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER LYEAR OF U
death. Pa	N	irthplace (state or foreign country) Iaryland	75. CITIZEN OF WHAT COUNTY	MARRIED NEVER MARRIED	Baltimore City
Thy the filled with	Ва	ITY OR TOWN OF DEATH	South Balt	rsing home or other institution the constitution of the constituti	. Seamstress of working Life! 12b. KIND OF BUSIN
in 24 hours hours be must be	13a.	ID. A	OR OTHER INSTITUTION, GIVE RESIDENCE IN ITY OR GLEN	Burnie (18d. Inside city Limits?	0000 Roberts Ct. 2100
completel ond 2 s	/ I	MAC DECEASED EVED IN ILLS A	etcher Harris		MIDDLE LAST Simpers ADDRESS
rificate be exect physician and c spapers. Pages maval. rent, the medica	1	10		24-957 Phyllis	Bean 324 School Lane 2
equires that the death in signed by the attendi Then please remove cai r to burial, cremation, a injury, or ather traumat	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONS (c) 1 CONDITIONS CONTRIBUTING	V	RMINAL DISEASE OR CONDITION GIVEN IN PART 110
The law rian. ian. ian. it permit. itene pria	CERTIFICATION	190. DATE OF OPERATION		HICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEV
HYSKIAN: T ading physici ans certificate burial-transi t Mental Hygi ar Item 18 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED)	DEATH HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DING PH: or after this e as the bill outh and I	WE	WHILE NOT WHILE AT WORK	JAT HOME, STREET, FACTORY, OI	FICE, FARM, ETC) STREET	city or town County
OR ATTEN he haspital DIRECTOR: ached for us Dept. of He If Item 21 is		sow the deceased glive	on	DEGREE ATTENDING PHYSICIAN	an death accurred on the date and hour and Iram the couses :
TO HOSPITAL retained by the should be det with the State IMPORTANT.		22d. PHYSICIAN'S NAME ITYP	RIAC	1220. ADDRESS 144 Gle	Welllay Are
BP	230.	BURIAL, CREMATION, REMOVA	17 June 83	Security Proces	CITY OF TOWN
DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR	ADD	250. [DATE REC'D. BY REGISTRAR 255 AGGISTRAR'S SIGNATURE

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(VRA 15, 4)

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25	-1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARTLAND LEALTH AND MENTAL HYO LCATE OF DEATH	GIENE 8 3	0.	3//
		CEASED NAME FIRST OR PRINT)	RRAINE	MIDDLE	FO	RSYTH	26. DATE OF DEATH	06/13/83	26 HOUR P 9:00 N
	3. SE	Female	White		April	DF BIRTH 13, 1918 AR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LY MONTHS D	YEAR IF UNDER 24 HRS
eoth. Po		RTHPLACE (STATE OR FOREIG COUNTRY) Caryland	U.S.A	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		H
by the fu		LTIMORE	(IF NOT IN SU	HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION S HOSPITAL	12e. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 12b. KIN DE WORKING (IFE) INDUS	ND OF BUSINESS OR TRY
n 24 hour	13a. S Ma	ryland	OME OR OTHER INSTITUTION	13c. CITY OR TOW Baltimo:	/N	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e. STREET ADDRESS 5910 Rola	and Avenue	21210
mplack cond 2 s	A	THER'S NAME FIRST Lugust		ohn		Edith	WIDDLE	Manger	LAST
be executed and comp	16a V	VAS DECEASED EVER IN U.	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166. SOCIAL SECU 176-03-9		Mrs. Alta L	ou V.S. DeLo	4	21210 pland Ave.
NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours or attending physician. The low requires that the death certificate be executed within 24 hours or attending physician and completely the difference of the physician and completely filled in by as the buriot-transfer permit. Then please remove cortical physician and controlled in by the and Mental Hygiene prioritional deficiency or provided or them 18 shows any intury, or other traduction covent, the medical examiner must be right or the provided or them.		Canditians, if ony, which gove rise to immedia cause (0), stating the underlying cause last	DUE TO, C th te DUE TO, C DUE TO, C DUE TO, C (c)	OR AS A CONSEQUIDOR AS	ENCE OF	JAY OBSTI	mest. merim teel ca		
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OR ATTENDO e hospital on DIRECTOR. A suched for use Dept. of Heal	-	22a.l certify that (1) (this sow the deceased oli abave. (1) (we) (did) (c	hospital) attended to the on June (id nat) view the bad. U. Your	he deceased from 19 for y after death.	33.0	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	, 10	ate and hour and from	, that (I) (we) last in the couses stated NATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be detroid to the Store IMPORTANT:	230. E	CARLES (/ 23c. 1	NAME OF C	220 ADDRESS EMETERY OR CREMATORY	23d LOCATION	MAN E.J.	
BP	(SPECIFY)Burial UNERAL DIRECTOR		16 1 1983	Lorr	aine Park	Baltimor TE REC'D. BY REGISTRAR		ryland
DHMH - 16 50M 4/B2		ok Towson Fur	eral Home	ADDRESS	WEON.	Maryland	N 1 6 1983	John &	Canel



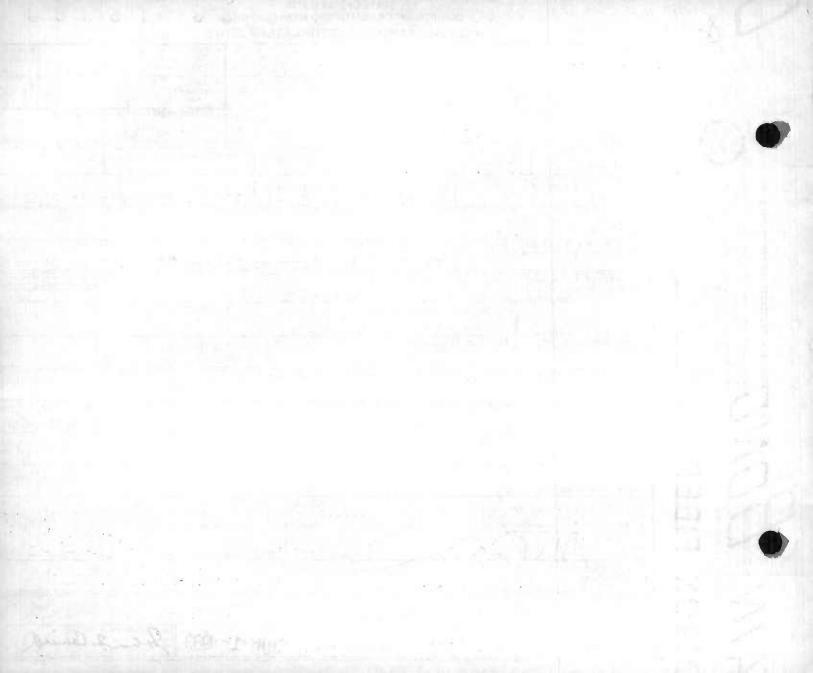
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oge 3 death	TTYPE	CEASED NAME FIRST OR PRINTING FOR FOR	WOOD G	LAST	20 DATE OF DEATH MONTH DA	83 3:10PM						
fer o	3. SEX	MALE	4 RACE	DATE OF BIRTH MONTH DAY YEAR 6 22 0		UNDER I YEAR OF UNDER 24 HRS						
15	-	RTHPLACE (STATE OR FOREIGN COUNTRY) Cennsylvania	75. CITIZEN OF WHAT COUNTRY? U.S.	* MARRIED NEVER MARRIED WIDOWED* DIVORCED	Balto. City	PF DEATH MD						
by the fulled with		Balto.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ALL Univ. Hosp.	DDRESS)	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Truck driver	12b. KIND OF BUSINESS OR INDUSTRY ice cream						
filled in hould be	13a. S	Md.	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A UNITY 136 CITY OR TOWN Balto.	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 2892 Pelham Ave	21213						
ampletely and 2 sl	14. FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NAM FIRST Linda	Ann	LAST						
icion and co		VAS DECEASED EVER IN U.S. A TES. NO OR UNKNOWN) (IF YES. (ARMED FORCES? Give WAR OR DATES) 16b SOCIAL SECUR 215-07-97	Lary and the large and the lar	ADDRESS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
sen signed by the ottending p. 1. Then pleose remove corbon for to burial, cremation, or rem y injury, or other traumatic ev	TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUEN (c) T CONDITIONS CONTRIBUTING TO D	NCE OF TA	CHY CARDIA	N IN PART 1(a) WERE FINDINGS USED						
rig physician. certificate has be rial-transit permi ental Hygiene pri ltem 18 shaws on		/	/	/	/		CAL CERTIFIC	190. DATE OF OPERATION 5 24 83 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF L	DEATH HOUR A.M. MONTH DA' VER) P.M.	OBSTRUCTION Y YEAR 19 21c. HOW INJURY OCCURR	YES NO NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	NG CAUSES OF DEATH?
ospital or affending CCTOR: Affer this of for use as the but. of Health and M. m. 21 is marked or m. 21 is marked or	MEDI	saw the deceased alive abave, (1) (web (did) (did	21e. PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE, FA spital) attended the deceased fram an an 19	5/23 , 19 33 3_, and that in (my) (our)-opinion (CITY OR TOWN , to	and from the couses stated						
etained by the him to FUNERAL DIRI should be detache with the State Dep		226. SIGNATURE 22d. PHYSICIAN'S NAME (1YP) 12d. PHYSICIAN'S NAME (1YP)	der sing		MEDICAL STAFF DIRECTOR PHYSICIAN S & REEN	224 DATE SIGNED						
3P		Removal	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY		COUNTY STATE						
H - 16 50M 1/B1 (VRA 15, 4)	24 F(INERAL DIRECTOR Anatomy B	oard		E REC'D. BY REGISTRAR 256 ANGISTRA N 9 1983	L Cohief						

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20M 4/82



14	1	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 0 0 1
deoth deoth	LIAL	CEASED NAME FIRST HAZE	L KERWAN	FOX WELL	20. DATE OF DEATH MONTH	2 83 0255 M
Page 4 men	3. SE	F	4. RACE	5. Date of Birth	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
\$ 25 E	7e. E	COUNTRY STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DNORGED	BALTIMORE CITY OR COUNT	
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filled in nould be	USC †30.	STATE 11 NURSING HOLE OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW LAKESVII	LE YES NO 🔀	130 STREET ADDRESS TUR	H CREEK, 1968.
and within 24 hours ampletely filled in by 1 and 2 should be fill examiner fourth be fill and 1 and 2 should be fill and 2 should be fi	3	ATHER'S NAME FIRST SEN SAMIN	MIDDLE NKIRWAN	15. MOTHER'S MAIDEN NA	UE MEB	STER LAST
cate be execu-			MED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 244-42-	7882 Mrs. Dorothy	ADDRESS Ca y Asplen, 410 Rob	
the state of		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), on ED BY: TE CAUSE (a)	nal peritonitis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death cert he attending I emave carbor motion, ar res		Canditions, if any, which gove rise to immediate	Due to, or as a conseque	afed invaabdom	und cancer	A
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he low on. he so he to permit the permit on one one primary on one one primary on one one primary on one one one one one one one one one	CERTIFICATION	U/14/83	LOYGE BUNG	OBSMUCIAN	YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\sum \) NO \(\sum \)
2 PHYSICIAN: The trending physician re this certificate and burial-transit and burial-transit ced or frem 18 she	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
NG PHYS	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
RECTOR: A red for use pt. of Heal is me	Г	sow the deceased alive or above, (I) (we) (did) (did no	itof) attended the deceased from	, and that in (my) (our) opinion	, to death accurred on the date and ha	
the Dill H H H		226. SIGNATURE JUM	as P. arche		MEDICAL STAFF DIRECTOR PHYSICIAN	- 6/22/83
TO HOSPITAL C retoined by the TO FUNERAL D should be detoo with the State D		22d. PHYSICIAN'S NAME (TYPE	ARCHER	22. ADDRESS 72 S. GRE	ENE ST. BAL	10 21201
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) burial	June 24, 1983	Dorchester Mem. Pl	Alley, Camor.	idge, Dorchester,
DHMH - 16 50M 4/82 (VRA 15, 4)		uneral director urran Funeral E	lome, 308 High St	Md. 21613 250 DAI	TE REC'D. BY REGISTRAR 256. REGIS	& Court

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1.1	FOR - STATE				EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.		
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	REGISTRAR Elmer Jo						MONTH DAY	YEAR	InOUD
	CEASED NAME FIRST		AIDDLE	7	ST	20. DATE OF DEATH	1	0-	2b. HOUR
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3. SE	X	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HR
	Male	White	е	7	16 1914	68	YRS.		
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY	R COUNTY O	FDEATH	
)	Md.	U.S	. A .	WIDOWE		Baltimor	e City		,
	ITY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS C
P	Baltimore		nes Hospi			Brakeman	OF WORKING LIFE)		ie R.R
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	Md. A.	Α.	BLOOKTAL	1	15. MOTHER'S MAIDEN NA		THE HE	A + 157	.66)]
1	FIRST	MIDDLE	LAST	506	FIRST	MIDDLE	34	LAS	T
-	Nicholas		Frank		Bridget 17. INFORMANT	ADDR		cHale	_
	WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	166. SOCIAL SECU			- /			
	No		217-03-4	1688	Marie E. Fra	ink (same as	13e)		
	18 CAUSE OF DEATH (Enter of	nly ane cause per	line far (a), (b), an	d (cl.)				BETWEEN	MATE INTERVAL
	Canditians, if any, which gave rise to immediate cause (a), stating the	(6)	R AS A CONSEQUE	MUNY					Tuch
ICATION	Canditians, if any, which gave rise to immediate	DUE TO, O	PULI R AS A CONSEQUI DISTRIBUTING TO I	MUNY ENCE OF LAD DEATH BUT	ENOCANCINON	A LUNG +	RADIAT	WERE FINDING CAUSES	NGS USED OF DEATH?
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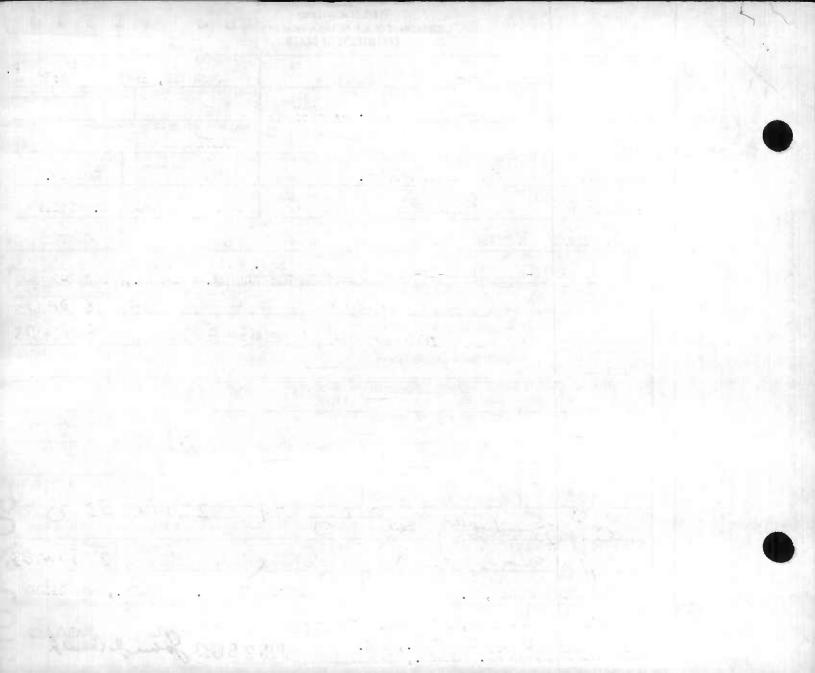
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	E EASED NAME	FIRST	MIDDLE		LAST		MONTH DA	YEAR	2b. HOUR
		MORTON	MOSE	F	RANK	JUNE 2	2, 198	3	4:30 M
1.5	EX	4 RACE		5. DATE		6 AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS
	MALE	WH:	ITE	AUG	6. 2, 1917 YEAR	65	YRS.	NIHS DAYS	HOURS MIN.
70	BIRTHPLACE (STATE OR FOI	REIGN 76 CITIZEN O	WHAT COUNTRY?	8		9. BALTIMORE CITY C	R COUNTY O	FDEATH	
	MARYLAND		ISA	WIDOW	DIVORCED DIVORCED	BALTIMOR	E CITY		MD
10 (CITY OR TOWN OF DEAT		,		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND C	OF BUSINESS OR
	BALTIMORE	240	SHELLYDA	LE DF	R.	OWNER	OF WORKING LIFE)	INDUSTRY BOX	CO.
USU 13a.	JAL RESIDENCE (IF NURSIN STATE MARYLAND	G HOME OR OTHER INSTITUTIO 35 COUNTY	BALTIMOR	'N		13e STREET ADDRESS 2405 SHEL	LYDALE	DR.	21209
14. 8	FERDINA	ND NATHAI	N FRÂNK		ANNA	WE		ĊÃ	NTER
160	WAS DECEASED EVER IN	U.S. ARMED FORCES? (IFYES GIVE WAR OR DATES) WWII-ARMY	218-26-9		17 INFORMANT MRS	• FLORENCE	FRANK		
	IES	WWII-ARMI	210-20-9	309	2405 SHELLYD	ALE DR. E	ALTO.	MD 21	
	18 CAUSE OF DEATH PART I. DEATH WA	Enter only one couse post	er line for (a), (b), an		- C. s			BETWEEN	MATE INTERVAL ONSET AND DEATH
		MMEDIATE CAUSE (a)_		20	P515			5	CPAN
	2028	DUE TO.	OR AS A CONSEQUE	ENCE OF		wl = .4.0		1	VEDDO
	Conditions, if any,		ME	46161	VANT LYMP	HowH		T	1000
10	couse (a), stating		OR AS A CONSEQUE	ENCE OF					
	PART 2. OTHER SIGNII	FICANT CONDITIONS	CONTRIBUTING TO (DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0.
CERTIFICATION				-					
A	190 DATE OF OPERATIO	ON 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	NGS USED OF DEATH?
E	Remark	1000		~	-	YES NO NO	YES	CAUSES	NO []
1 %	210. ACCIDENT WAS UNDER		OF INJURY		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
	OR CONTRIBUTING CA	USE OF DEATH	A.M. MONTH DA	AY YEAR					
MEDICAL	21d INJURY OCCURRE		E OF INJURY	17	211 LOCATION				
×	WHILE NOT WHILE		TREET FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK — AT WORK	his hospital) attended	the decreased from	0	CT 10 79	77	Jane 1	83	tho (I) (we) lost
	spw the deceased	universe_ 9.	same 10 8	33	nd that in (my) (our) opinion o	death occurred on the d	ate and hour a	nd from the	
	22b. SIGNA TIME	did not view the boo	etter death	1	DEGREE			22c. DATE	
	11. 310114 11/1/2	drefind	Ida	N)	ATTENDING PHYSICIAN	MEDICAL STA		23	June 8
	22d. PHYSIGIAN & NAM	AE (TYPE OR PRINT)		/	228 ADDRESS				FVE 65
L	MALCOI	M DRUSKIN,	MD.		600 REISTERS	STOWN RD.	BALTO	., MD	21208
230.	BURIAL, CREMATION, RE (SPECIFY) BURIAL				EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	DOKIAL	JUNE	24,1983 F	TERKE	YOUNG MEN	BALTIM	ORF	MA	RYLAND.

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

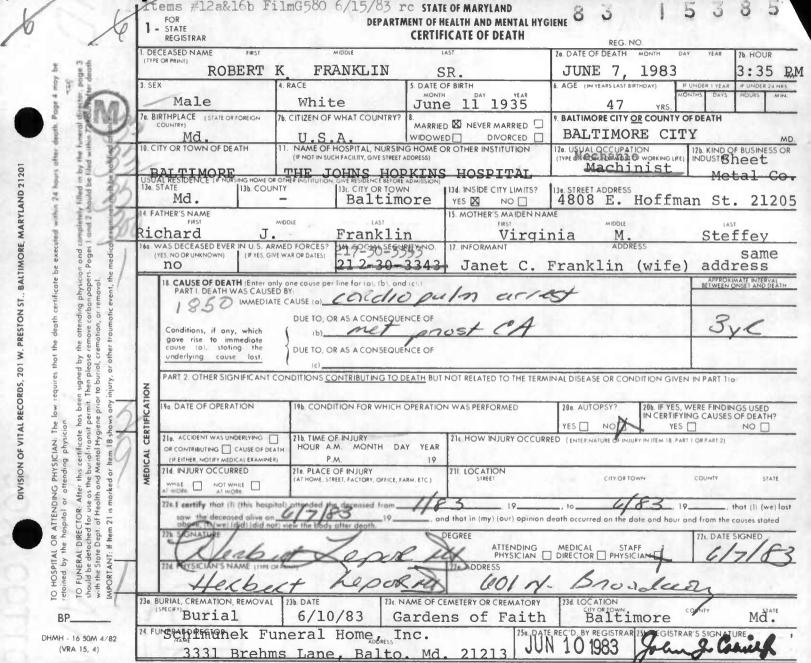
FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		
1 DECEASED NAME FIRST (TYPE OR PRINT) JULIU	S J. I	FRANK	AST TAT	20 DATE OF DEATH		YEAR 26 HOUR A 1:50 M
3. SEX	White	5. DATE C		6 AGE (IN YEARS LAST BIRTI	YRS.	DAYS HOURS MIN.
Baltimore, Md.	USA	WIDOWE		BALTIMORE CITY OF	RE CITY	MD.
_2 ==	THE JOHNS HOE THE JOHNS HOE	T ADDRESS}		TYPE OF WORK FOR MOST OF	WORKING LIFE -INDI	KIND OF BUSINESS OR USTRY Stern Electr
USUAL RESIDENCE IN NURSING HOAE OR OF 130 STATE Maryland Bal	TY TIMOTE 13 CITY OR TOX	RE ADMISSION)	13d INSIDE CITY LIMITS? YES NO 3	13e SIREET ADDRESS F	load	2/221
M. FATHER'S NAME	Franczkowiak		15. MOTHER'S MAIDEN NAM	ine Zimkoask		LAST
WAS DECEASED EVER IN U.5. ARM	MED FORCES? 166 SOCIAL SECTION 160 SOCIAL SECTION 1		Lawrence Fra	anczkowiak,		ame
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED AMEDIATE	E CAUSE (o)	sy Au	rest			APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	JENCE OF	MOV	ninal disease or coni	DITION GIVEN IN F	PART I to
190. DATE OF OPERATION 5/4/93 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH		ON WAS PERFORMED	200 AUTOPSY? YES NOT	20b. IF YES, WERE	FINDINGS USED CAUSES OF DEATH?
OR COLUMNIC CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART I OR	PART 2)
OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		21f. LOCATION STREET	CITY OR TO	wn co	UNIY STATE
	tol) attended the deceased from 19 1) view the body after death.	10 4	nd that in (my) (aur) opinion DEGREE ATTENDING	death occurred on the do	22 FF /	rom the couses stated
774 PHYSICIAN'S NAME (TYPEO	is, M.D			JOHNS HOL		DSPITAL
230 BURIAL, CREMATION, REMOVAL mation		Green	Mount Crematory	ry Baltimo:	re Md. coun	ITY STATE

DHMH - 16 50M 4/8 (VRA 15, 4)

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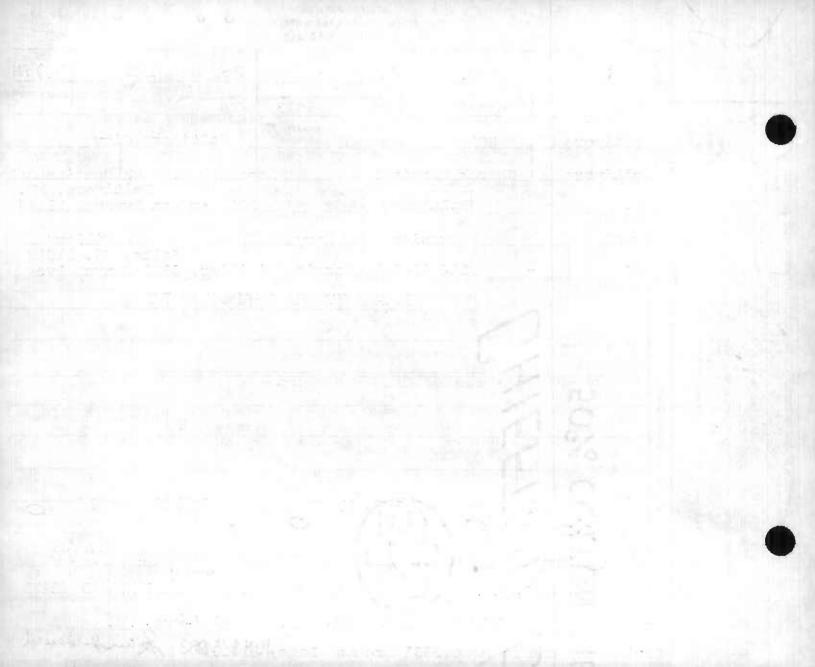
Old Eastern Ave. JUN 6 1983

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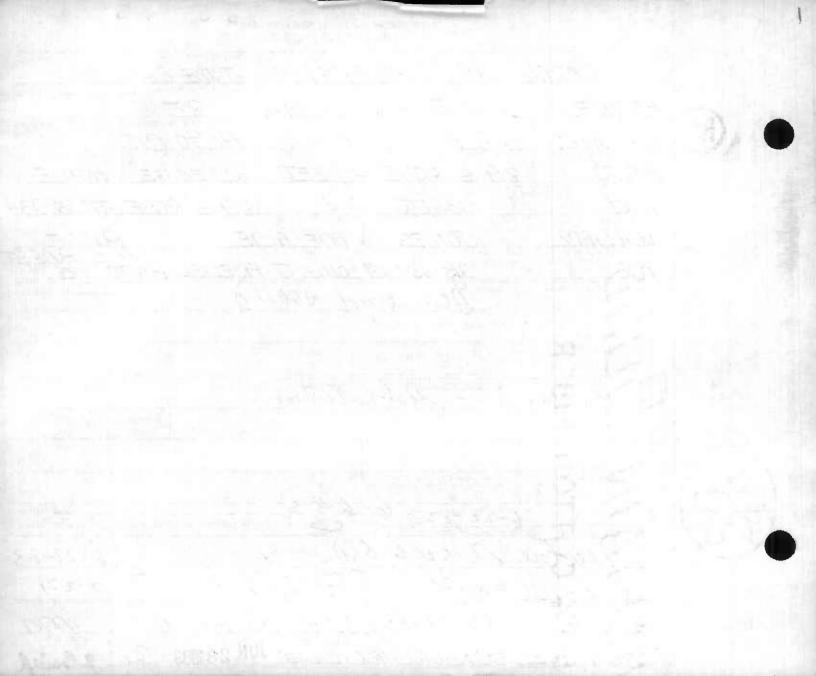
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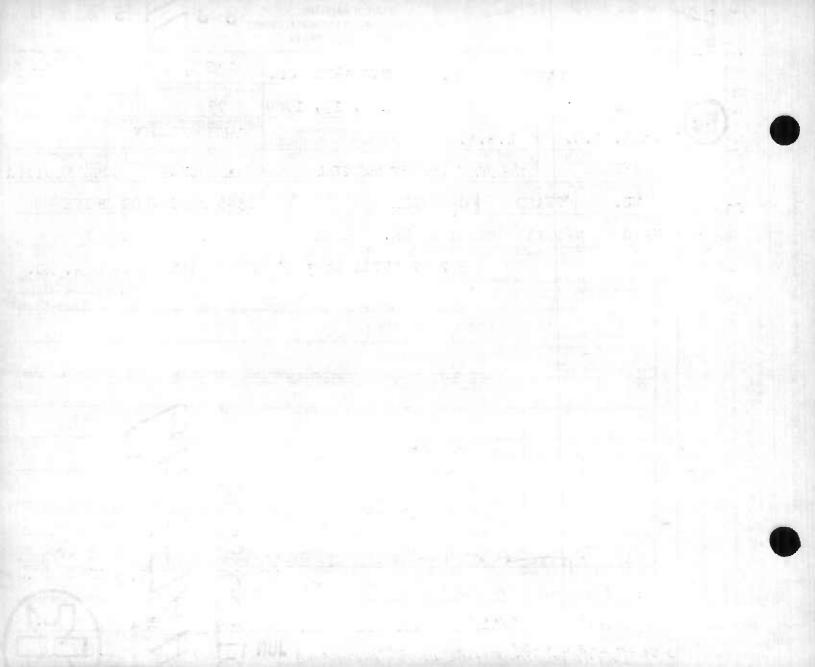
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X	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
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de oth. Poge	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY) OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH MD. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR
AND 21201 24 hours ofter filled in by the nould be filled in fill	0/	20170	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UNTY 13c. CITY OR TOWN 13d INSIDENCITY LIMITS? 13e. STREET ADDRESS
MARYL, ompletely ond 2 st	9	ATHER'S NAME (1) FIPST	MIDDLE LAST POLICE ARMED FORCES? [166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 300 ADDRES
T., BALTIMORE, Inficote be execut physicion and compopers. Pages I mayol.			only one couse per latest (a), (b), and (c)
201 W. PRESTON ST es that the death cert ned by the ottending ip please remove carbon unal, cremotion, or rer r, or other troumotic ev	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
VITAL RECO	CERTIFICATION	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 2 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2)
VISION OF VISION OF The Arrival Certific	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK	HOUR A.M. MONTH DAY YEAR
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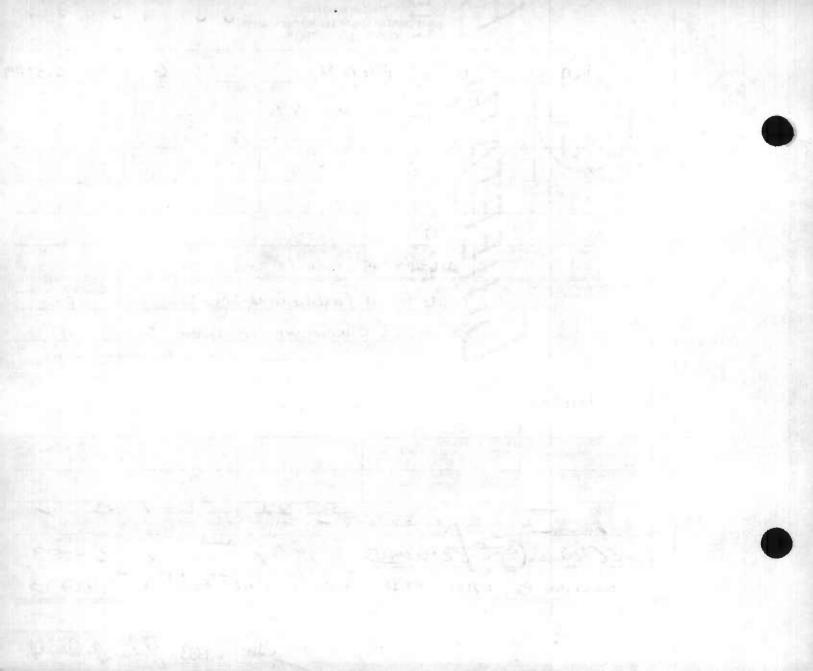
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				5.6-5-118		



	1.	FOR STATE REGISTRAR			DEPARTA	CERTII	E OF MARYLAND LEALTH AND MENTAL HYC LICATE OF DEATH	REG. N	1 5	3 9 1	
		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR	
page 3			MA	RY	E. 1	FROE	HLICH	June 19.	1983	7:00	
E E	3. SE	X		4. RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 HRS	
Poge 4	1	Female		Whit	te		t. 16. 1886	96	YRS.	DATS HOURS MIN.	
nerol dir		IRTHPLACE (STATE OF	FOREIGN		WHAT COUNTRY?	8. MARRIE WIDOW	D NEVER MARRIED D	9. BALTIMORE CITY O		TH	
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STATE OF MARYLAND



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PHOSP I	Line S Hitle S A The S		MAPJ U	CARROLL	220. ADDRESS	W LOSP	THE BALTO, M

STATE OF MARYLAND

231. NAME OF CEMETERY OR CREMATORY

New Cathedral

DHMH - 16 50M 4/82 (VRA 15, 4)

Mitchell-Wiedefeld Home 6500 York Rd 21212

6-28-83

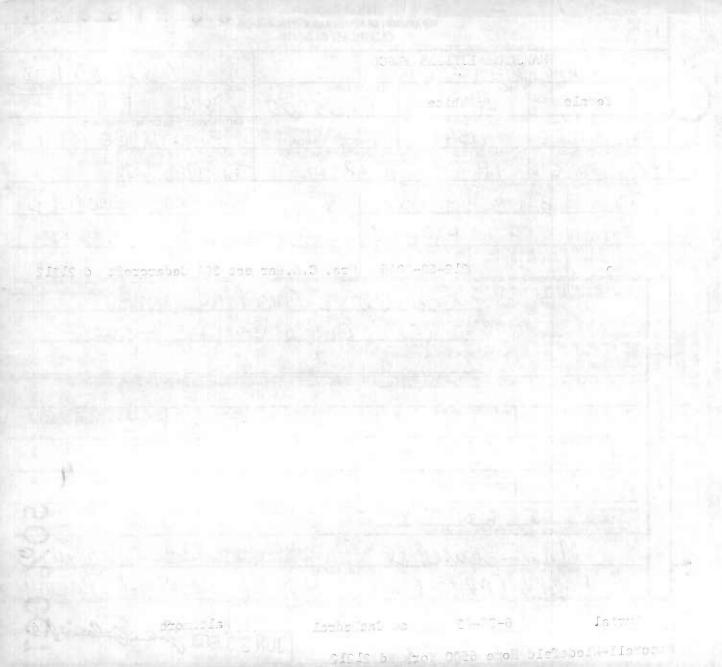
23b. DATE

230. BURIAL, CREMATION, REMOVAL BURIAL

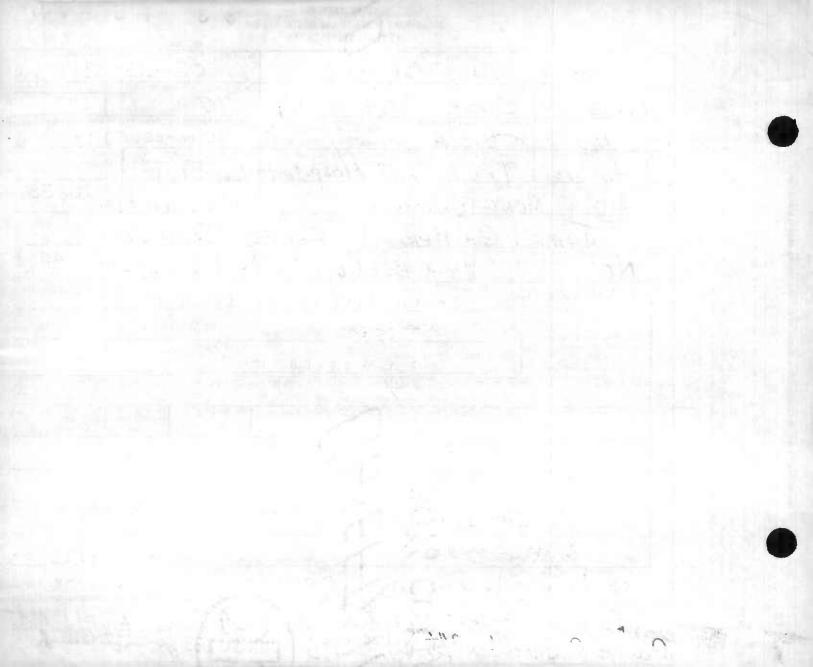
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CITY OF TOWN
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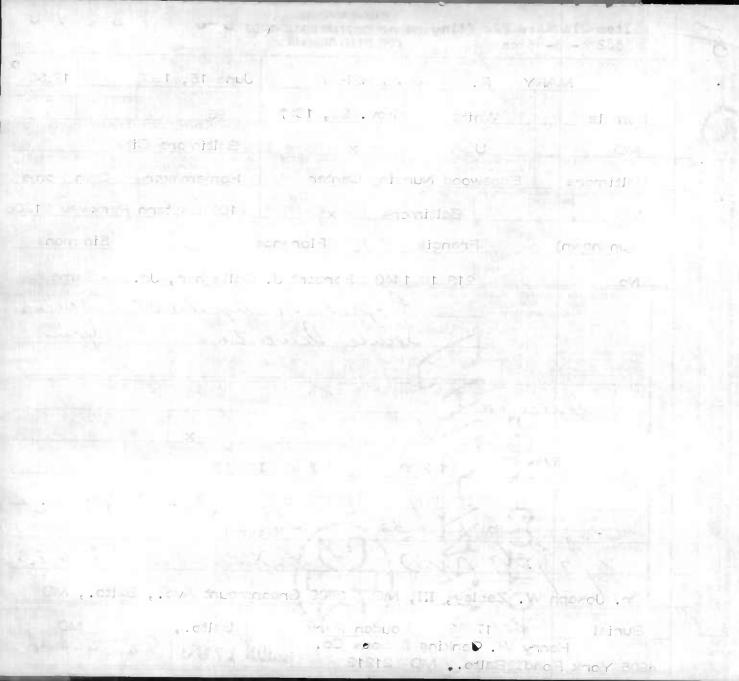
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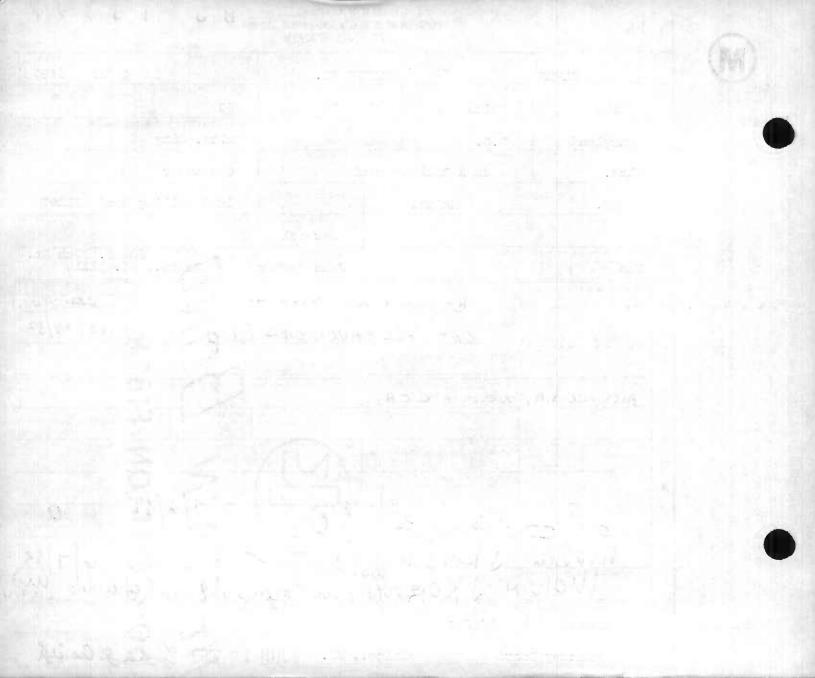
		CEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
	(TYPE	E OR PRINT)	RY R. G	BALLAGHER	June 15, 1983	12:30
	3. SE	X	4. RACE	5. DATE OF BIRTH		UNGER 1 YEAR IF UNGER 24 H
		Female	White	Nov. 28, 1887	95 YRS.	
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Balto., Md.

Anatomy Board

STATE OF MARYLAND

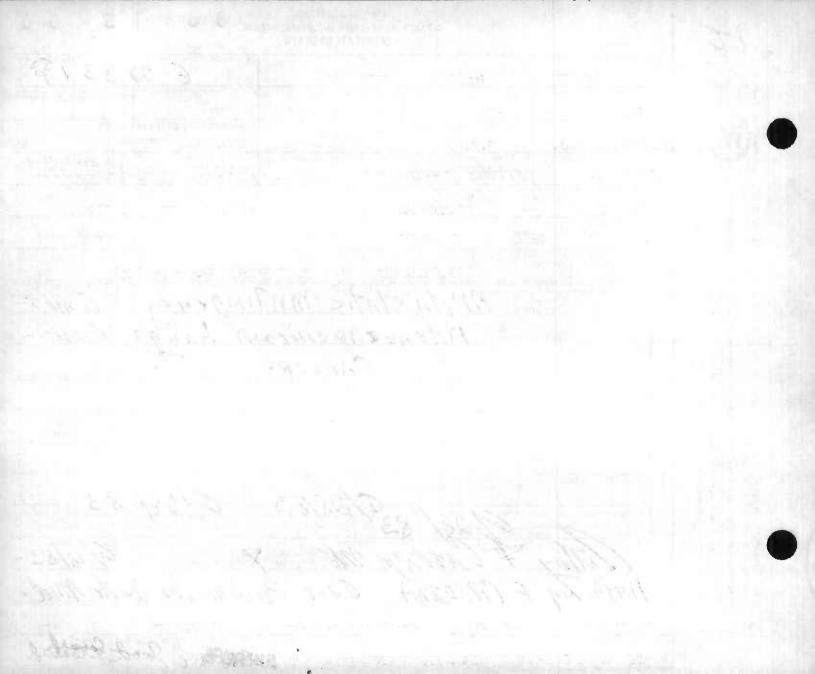


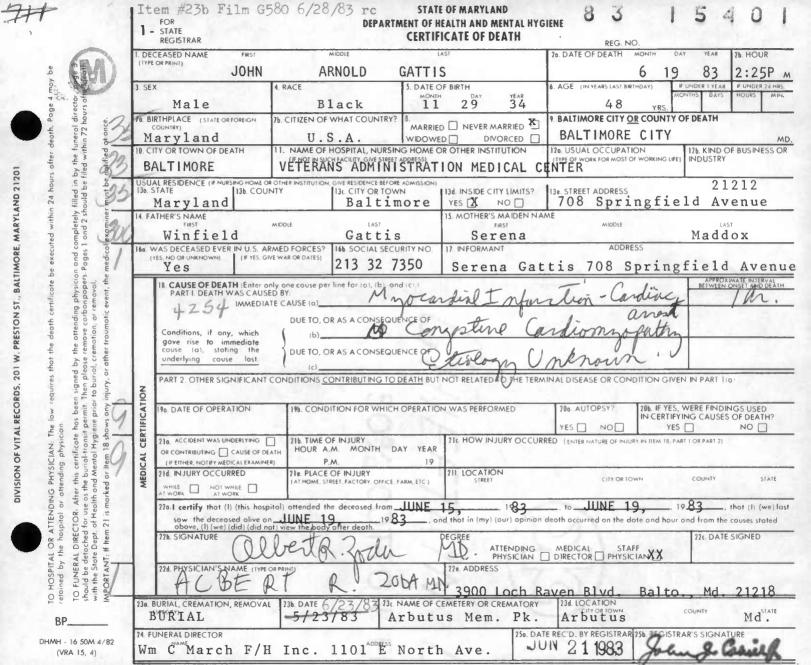
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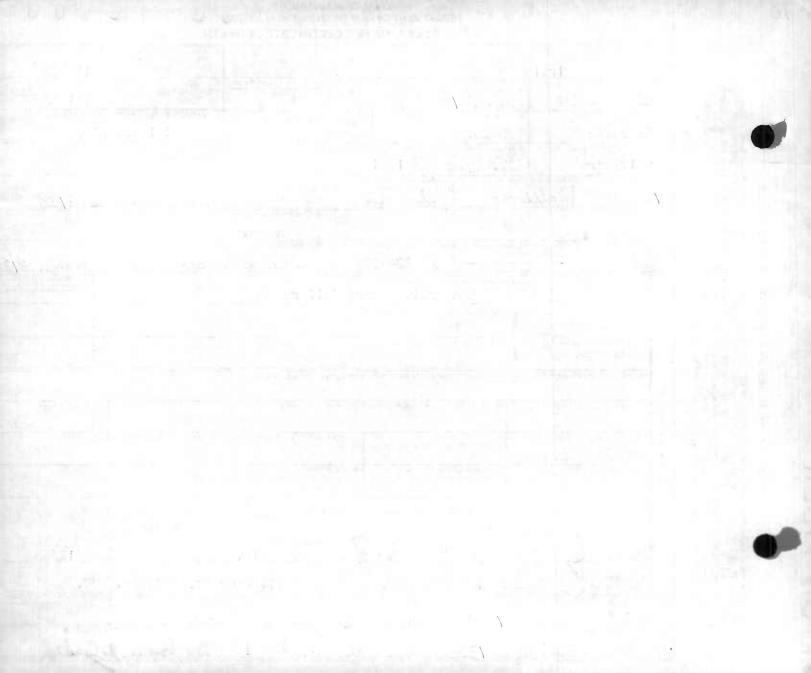
STATE OF MARYLAND



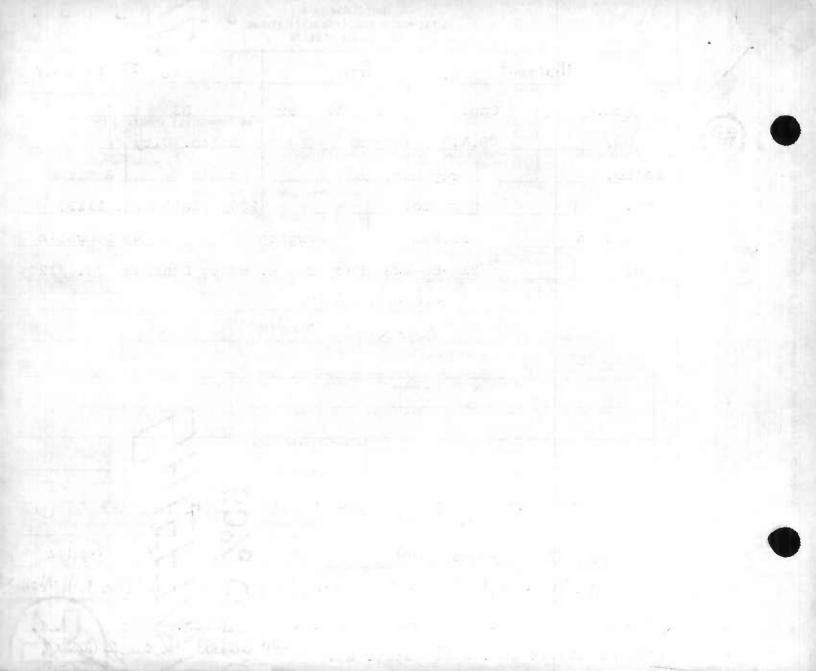


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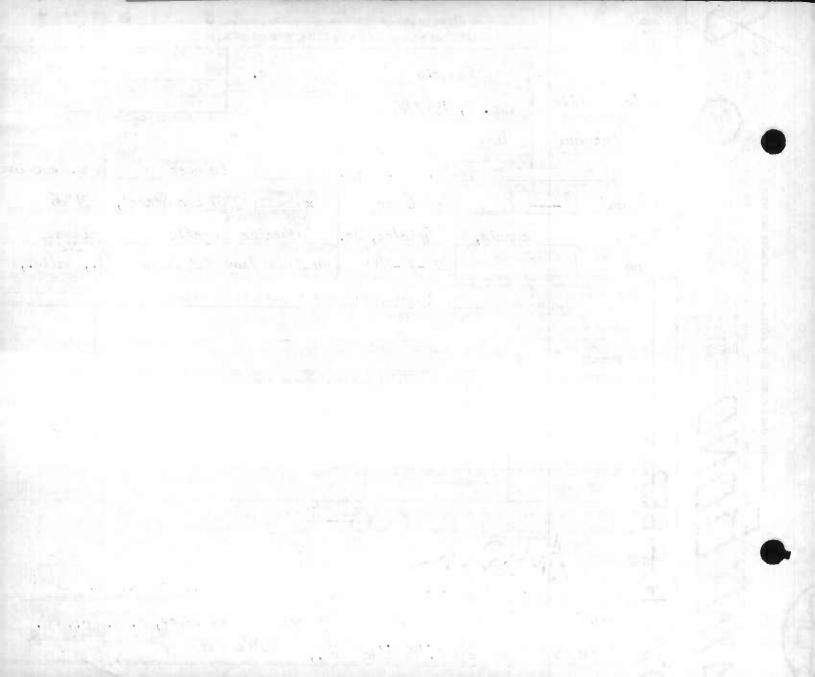


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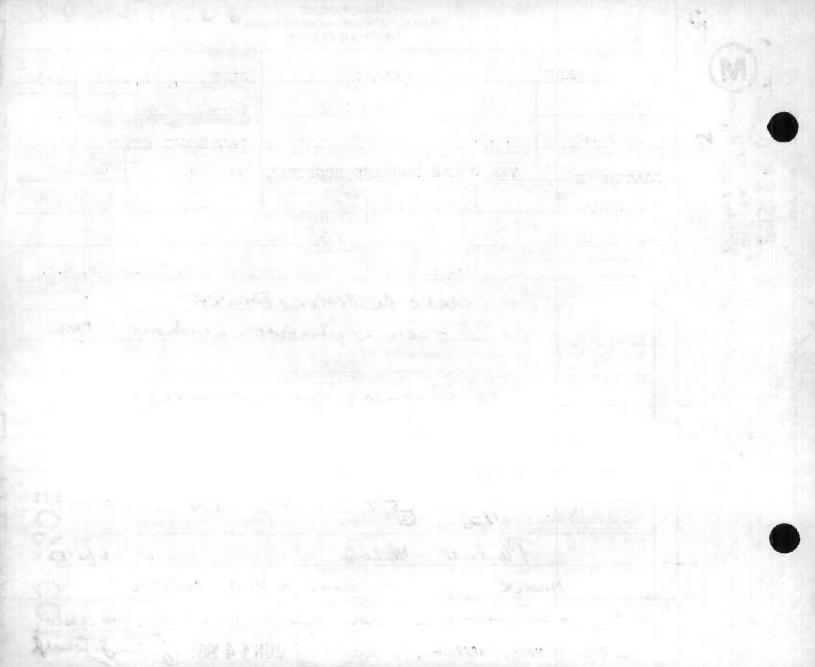


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	2	30. BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AKELPA AT CE	CITY OR TOWN	COUNTY
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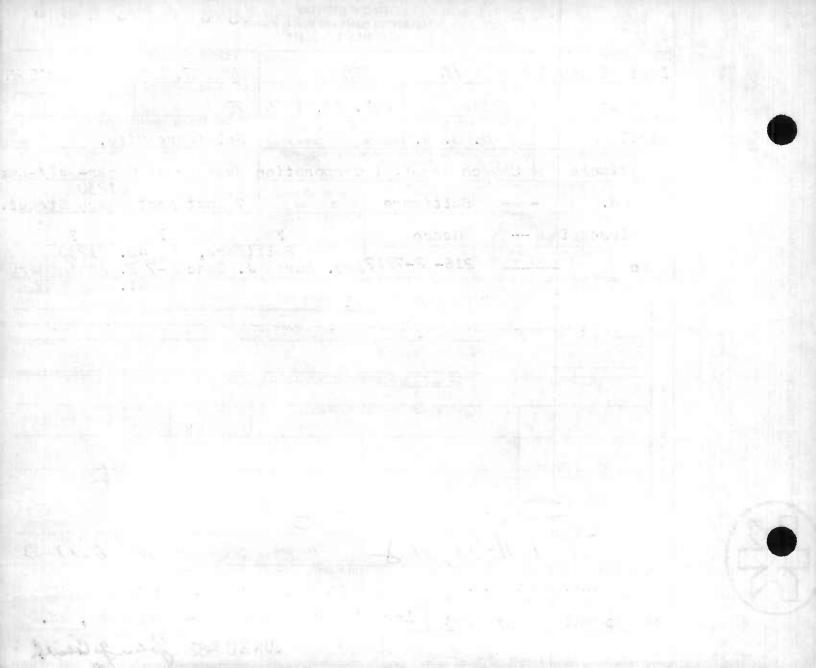
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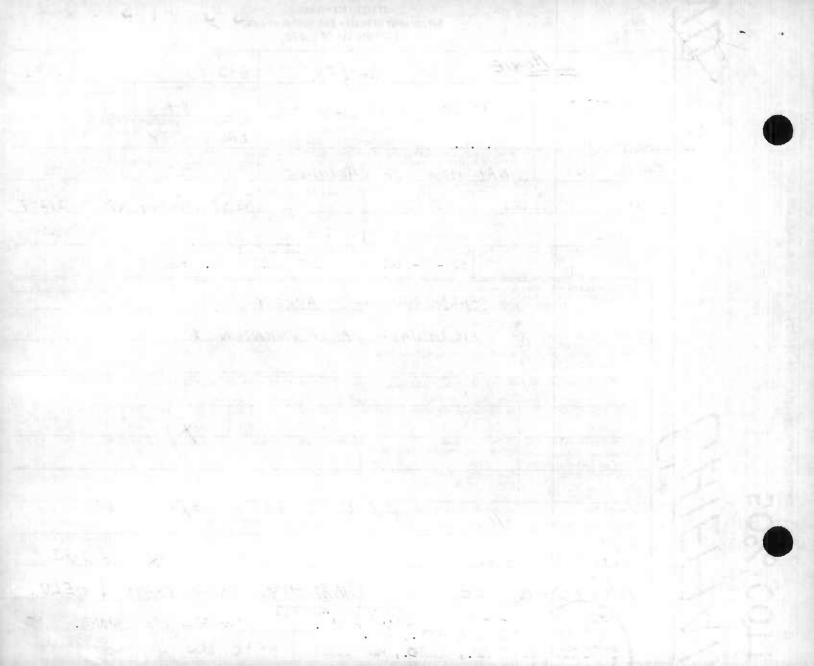
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME LAST FIRST 2a. DATE OF DEATH MONTH 2b. HOUR MARK GELLER JUNE 1983 6:304 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) White Male. 1962 20 Dec. 8 70. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Jersey u.s.a. WIDOWED DIVORCED [BALTIMORE JO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Student College JOHNS HOPKINS HOSPITAL USDAT RESIDENCE YEAR ING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
131, CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Convent Station Normandu Parkwai New Jersey 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Rader Arthur Geller Tobu WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) Dangler Funeral Home, Morristown, N.J. 140 52 0948 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY RESPIRATORY HAWLES IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF LYMPHIO BLASTIC WIMPHIONES TOUR Toole Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 LINES/ LINES 20a AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 214. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body offer death 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL DIRECTOR PHYSICIAN 4 224. PHYSICIAN'S NAME (TYPE OF PRINT) Johns policing tospital MILNER 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b DATE Cedar Knolls, New Jersey Burial 6-14Bari 6-14-83 Beth Israel Cemetery 250. DATE REC'D. BY REGISTRAR 250 AGGISTRAR'S SIGNALLIF 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 Burgee Funeral Home, Baltimore, Maryland (VRA 15, 4)

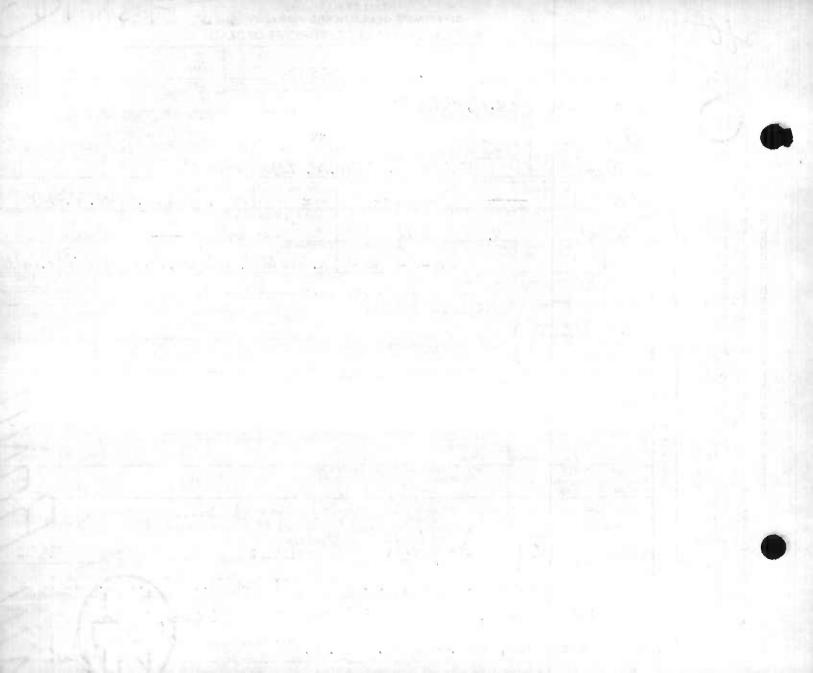


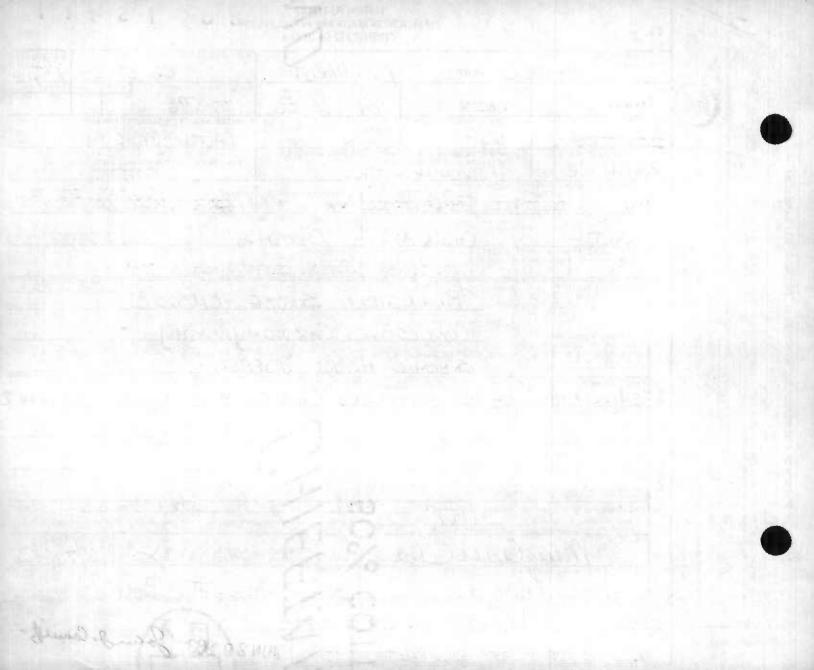
	1.	FOR STATE REGISTRAR		DEPARTA	CERTIFI	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH		S REG. NO		5.	08
m 5	1. DE	CEASED NAME FIRST		NIDDLE		ST		F DEATH		YEAR	26 HOUR
ge 3	Bo	irtholomewJO:	SEPH	M.	Gl	ENCO	JUN	E 17,	1983		10:15 A
Page 4 may be director, page 3 nours after death	3. SE		4. RACE	TO THE	5. DATE O			YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	HOURS MIN.
urso	_	Male	Whit		Feb		1 2		YRS.		
in 72 ho	Si	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		MARRIED	MARRIED NEVER MARRIED WIDOWED DIVORCED		_	rcounty o		MD.
formed with	E	altimore	11. NAME OF H	OSPITAL, NURSIN HEACILITY, GIVE STREET, HOSPI	IGHOME O ADDRESS) Ital	rother institution Corporatio	LITYPE OF WO	OCCUPATION TO THE TOTAL PORT OF	WORKING LIFET	INDUSTRY	BUSINESS OR Delf-Em
記	13a.	AL RESIDENCE (IF NURSING HOME STATE Md.		Baltimo		13d. INSIDE CITY LIMITS? YES MO []	130. STREET	address		21230 mery	Street
1	14. F/	Guieseppi	WIDDLE	Genco		15. MOTHER'S MAIDEN NA	AME	WIDDLE	?	LAST	?
Poges	160 \	VAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 216-32-	7217	17. INFORMANT Bal Mrs. Sarah	timor J. G	e, ADDRE	ss Md. -7 E.	212 Mon:	30 tgomery
ss been signed by the att ermit. Then please remow e prior to burial, cremations sony injury, or other trou	CERTIFICATION	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICAN: 19a DATE OF OPERATION	DUE TO, OR (c) (CONDITIONS CO	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		SE OR COND	DITION GIVEN	VERE FINDIN	GS USED OF DEATH?
Sit p	E E					Va. 110.11.11.11.11.11.11.11.11.11.11.11.11.	YES 🗌	NOX	YES		NO 🗌
antol Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN	CAIN	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	KED (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY BET, FACTORY, OFFICE, F	FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
oched for use o Dept. of Health		220.1 certify that (1) this has saw the deceased alive obave, (1) we (did) idid 22b. SIGNATURE	111111	17		d that in (my) Our opinian DEGREE ATTENDING	91.9			nd from the c	GIGNED
should be deto with the State I	/		E OR PRINT)	14,77	<u>'</u>	PHYSICIAN 220 ADDRESS CH	URCH H		L		17-83
APO FI			LOU, M.D			100 NORTH			LTIMOR	E, MD	21231
- " 2	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) INTOMOMENT	6/20		orra	ine Park C	eme t e		Baltim	iore,	Md STATE
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RA 15. 4)			1 1	Catonsville	, 11/d. 2	1220	N201	M85.5	10 am	-10	well !

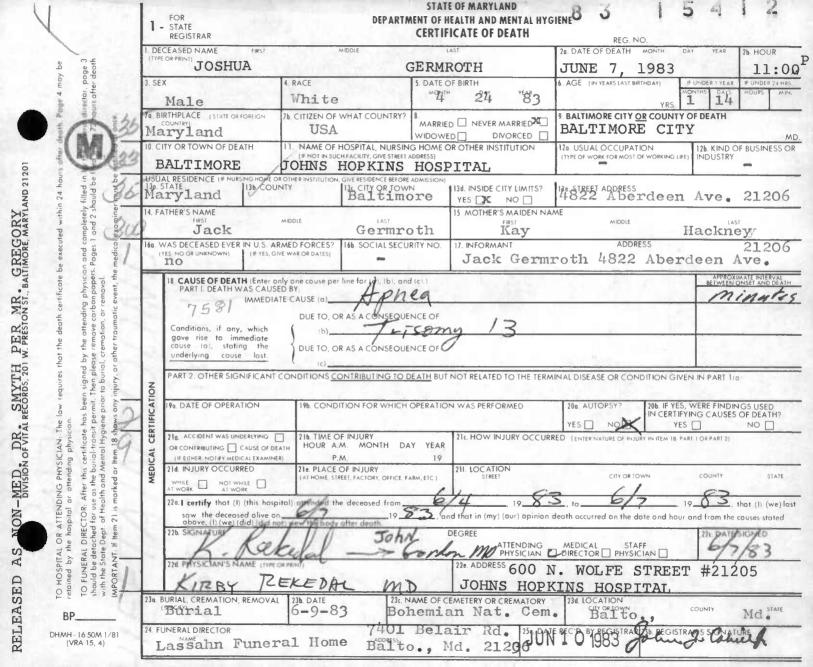


28	1	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 3	154	0 9
1 25	10		CEASED NAME FIRST	ANNIE	WIDDLE	-	ERBER	6-2-83	ONTH DAY YEAR	12-15 A
on 4 mo		3. SE	FEMALE	4. RACE	$V_{ m HITE}$	S. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER 1 YEAR MONTHS DAY!	
death. Po	30		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIE WIDOW	D NEVER MARRIED D	BALTO CIT		
rs after de by the fun filed within	nofitied	B	ALTO. CITY	(IF NOT IN SU	CH FACILITY, GIVE STREET	OF	BALTIMORE	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V HOUSEWIFE	WORKING LIFE) INDUSTR	OF BUSINESS OF HOME
n 24 hou filled in hould be	30	130. 5	, , , , , , , , , , , , , , , , , , , ,	OR OTHER INSTITUTION JINTY TMORE	134. CITY OR TOW BALTIMOF	/N	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 3237 ROLL	ING RD.	2/20
ampletely ond 2 st	exomine 2/	14. F	LOUIS	WIDDIE	GOLDSTE	ΙN	15. MOTHER'S MAIDEN NA	AME	GRC	SSMAN
e execut	2 medicol		VAS DECEASED EVER IN U.S. A YES, MOUNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	175-03-3		17. INFORMANTMISS 3237 ROL	RITA GERBERS: LING RD. #21	s .207	
ow requires that the dec been signed by the attr mit. Then please remove prior to buriol, crematia	any injury, or ather trou	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, COLOTIONS CONDITIONS	OR AS A CONSEQUI	ENCE OF	CA OF UNK	MINAL DISEASE OR CONDI	TION GIVEN IN PART 20b. IF YES, WERE FING IN CERTIFYING CAUS	DINGS USED
The locion.	3	ERTIF	710. ACCIDENT WAS UNDERLYING	21b. TIME C	OF IN JURY		1717 HOW IN HIRY OCCUP	YES NO	YES 🗌	NO 🗌
PHYSICIA tending pl this certif he burial-t	orked or Hem 18	MEDICAL C	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 71d. IN JURY OCCURRED WHILE NOTIFY HELD AT WORK	HOUR A	.M. MONTH DM. OF INJURY TREET, FACTORY, OFFICE, F	19	21f LOCATION STREET	CITY OR LOW		STATE
R ATTENDING hospital or at IRECTOR: After hed for use as t ept. of Heolth o	em 21 is mar		220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did in 22b_SIGNATORE	6/1	19	35/	nd that in (my) (our) opinion	death occurred on the date		n, that (I) (we) the couses stated TE SIGNED
by the ERAL D	MPORTANT: # he		22d. PHYSICIAN NAME (TYPE	OR PRINT)			ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	6-2	2-8-3
TO HOSP retained 10 FUNE should be	Odw		BURIAL, CREMATION, REMOVA	23b. DATE 6-3-8	EE 33 PRI RI	GRESS ELIEF	SIVAL HOSP STVERY BENEFTERY ASS'N.	E PREENSE RANDALLSTO	COUNTY	BELV.
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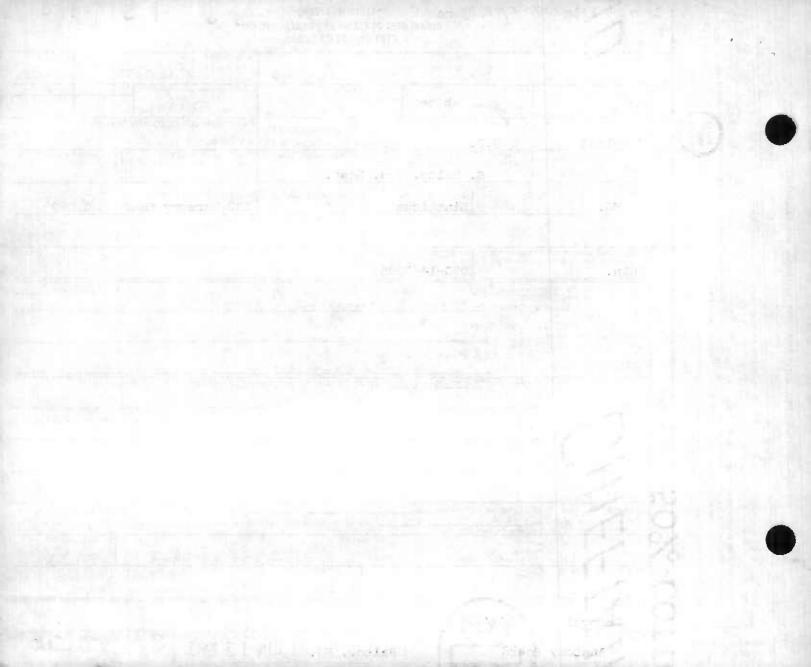




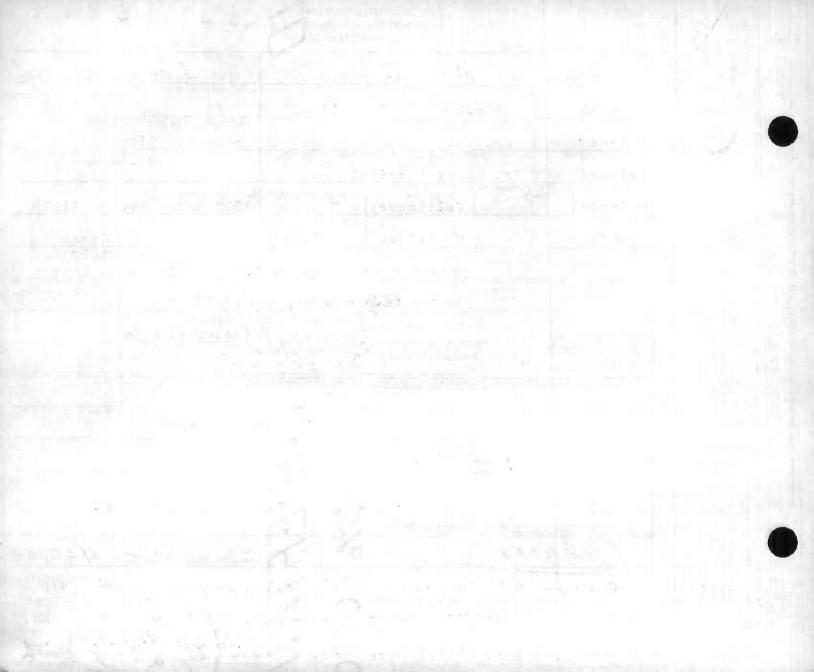


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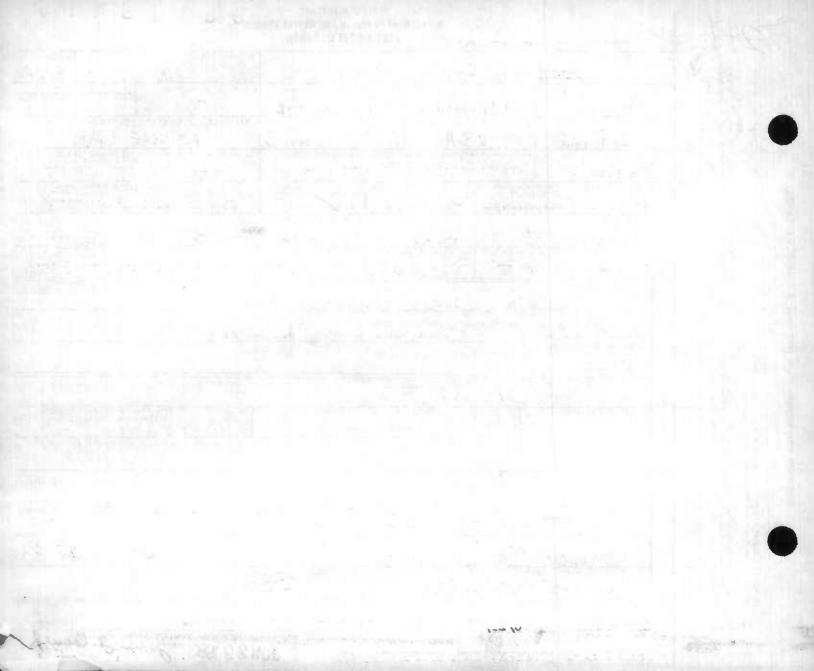
	-	REGISTRAR			CERTIFICATE OF		REG. NO			
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	1.5E	x John	4. RACE	<u> </u>	5. DATE OF BIRTH	151	AGE (IN YEARS LAST BIRTI		UNDER I YEAR	1F UNDER 24 HRS
-		M	2	White	MONTH DAY	YEAR	90	MO	INTHS DAYS	HOURS MIN.
RUE)	123	IRAMPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVE	RMARRIED - 9.	BALTIMORE CITY OF	R COUNTY C	FDEATH	
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2/2	3	SALLIMOTE	(IF NOT IN SU	HOSPITAL, NURS IN CHEACHITY, GIVE STREET Balto.			26 USUAL OCCUPATION TYPE OF WORK FOR MOST OF		12b. KIND OI INDUSTRY	F BUSINESS OR
R	ušú H	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	13t. CITY OR TOW	'N 13d INSIDE		e street address 202 Nursery	v Road	21	090
20	14.5	ATHER'S NAME	WIDDLE	LAST		R'S MAIDEN NAME		,	LAST	
decol		WAS DECEASED EVER IN U.S	ARMED FORCES?	16b. SOCIAL SECU	IRITY NO. 17. INFORM	MANT	ADDRES	SS		
1		Unkn.		090-14-0	295					MATE INTERVAL
		e 100 or 11		AS A CONSEOU	-					
T	IFICATION	Conditions, if any, whice gave rise to immediate cause (a), stating the underlying cause lass PART 2. OTHER SIGNIFICATION.	DUE TO, O	R AS A CONSEQUI	ENCE OF	ED TO THE TERMIN	20a AUTOPSY?	206. IF YES, V	WERE FINDING CAUSES	GS USED OF DEATH?
7	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lass PART 2. OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	DUE TO, O (c) IT CONDITIONS C 196. COND	ONTRIBUTING TO I	DEATH BUT NOT RELATION WAS PERI	ED TO THE TERMIN		20b. IF YES, VIN CERTIFYI	WERE FINDIN NG CAUSES	GS USED
79	1000	gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICATION.	DUE TO, O COLUMN CONDITIONS COND	ONTRIBUTING TO	DEATH BUT NOT RELATION WAS PERI	ED TO THE TERMIN	200 AUTOPSY? YES NO	20b. IF YES, VIN CERTIFYI	WERE FINDIN NG CAUSES	GS USED OF DEATH?
1	MEDICAL CERTIFICATION	gave rise to immediat cause (a), stating the underlying cause lass PART 2. OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C	DUE TO, O CC IPB. COND 19b. COND 19b. TIME C HOUR A MINER) 21b. PLACE	ONTRIBUTING TO I	OPERATION WAS PERIOR AY YEAR 19 216. HOW	ED TO THE TERMIN	200 AUTOPSY? YES NO	20b. IF YES, VIN CERTIFYI YES	WERE FINDIN NG CAUSES	IGS USED OF DEATH?
PORTANT: If them 21 is manked or them 16 shows also injury, or other trade	1000	gave rise to immediat cause (a), stating the underlying cause lass PART 2. OTHER SIGNIFICA 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EXA 21d, INJURY OCCURRED	DUE TO, O COLUMN T CONDITIONS C I 19b. COND G	ONTRIBUTING TO I	OPERATION WAS PERIODEATH BUT NOT RELATION WAS PERIODEATH BUT N	ED TO THE TERMIN FORMED INJURY OCCURRED TION EET 19 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	200. AUTOPSY? YES NO CITY OR TOW CITY OR TOW The Course on the do MEDICAL STAFI DIRECTOR PHYSICI	20b. IF YES, IN CERTIFYI YES YIN ITEM 18, PAR who	WERE FINDING CAUSES T 1 OR PART 2) COUNTY	STATE state that (I) (we) lose couses stated SIGNED

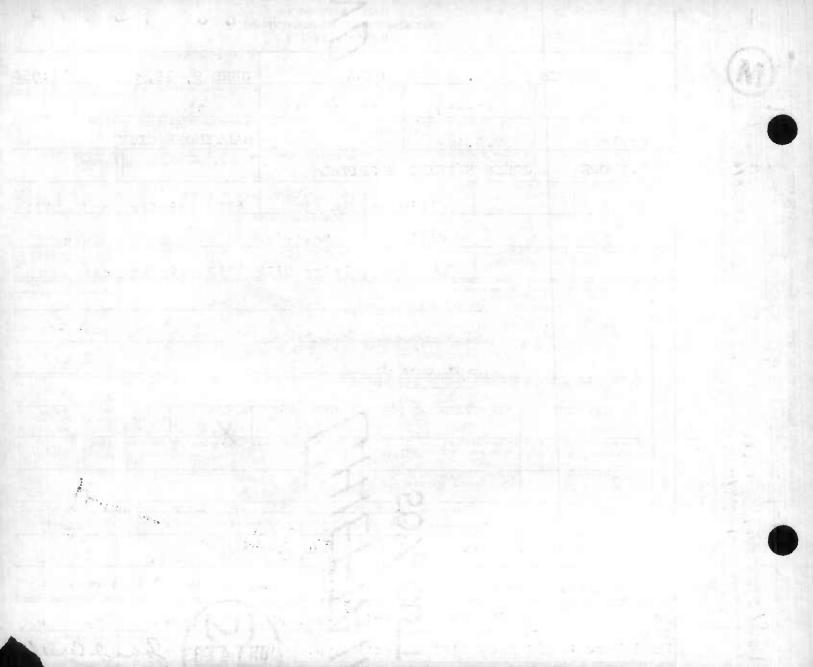


STATE OF MARYLAND



211	١.	FOR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL F	IYGIENE 8 3	2 4 1 3
211	-L:	REGISTRAR BUELL FO	RD GIBSON	CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2 + 5 T	3. SE		BYELL FORD		6 AGE (IN YEARS LAST BIRTHDAY)	27 83 8:30 F
	3. SE	ν/	CALLCACI	MONTH DAY	70	MONTHS DAYS HOURS MIN
2 (1)			6 CITIZEN OF WHAT CO		BALTIMORE CITY OR COUN	TY OF DEATH
B 52		Indiana	U.S.A	· WIDOWED DIVORCED	D/ TACI I MOR	0,101
4 4 4 5 4 3 4 3 4 3 4 4 4 4 4 4 4 4 4 4	10.5	BACTI MORE	(SENOT IN SUCH FACILITY	L, NURSING HOME OR OTHER INSTITUTION GIVE SIREET ADDRESS) CIMORE GENERAL	(TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS C INDUSTRY MAN RETAIL
filled in ould be	13a	AL RESIDENCE (IF NURSING HOME OR OF STATE 131 COUNT	TY 13t-CIT	Y OR TOWN 13d, INSIDE RITY LIMITS YET WORE YES NO [? 13e. STREET ADDRESS 1446	HANOVER ST.
completely 1 and 2 sh	14. FA	ATHER'S NAME FIRST WILLARD	UDDIE G	15. MOTHER'S MAIDEN ALTA	NAME	SCOTA .
Poges 1	(WAR OR DATES) 2.5	CIAL SECURITY NO. 17 INFORMANT	ADDRESS	21237
d 5.5 6	YI	18. CAUSE OF DEATH (Enter only			GIBSON 2000 ODELL	AVE. APT. 1520 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
the death certificate he attending physici emave carbon paper emotion, ar remaval. er traumotic event, th		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the	DUE TO, OR AS A C	ONSEQUENCE OF LUNG CAR	ARREST : CINOMA.	
equires that the signed by the Then please to the burial, creating injury, or ather	Z	underlying couse last. PART 2 OTHER SIGNIFICANT CO	(c)	ITING TO DEATH BUT NOT RELATED TO THE T	erminal disease or condition o	IVEN IN PART Ito
on. he low r	CERTIFICATION	190. DATE OF OPERATION		OR WHICH OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
SICIAN: The physicic certificate viol-tronsit tem 18 she tem 18 she		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MC		CURRED (ENTER NATURE OF INJURY IN ITEM TI	B PART 1 OR PART 2}
or ottending After this cert e os the buriol olth and Ment	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACTO	RY 211 LOCATION DRY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
TOR: Or us		220.1 certify that (1) this hospital saw the deceased-alive an above, (1) [we] [did] (did not	- Ola - 27	19 93 and that in (me (our) opin	3 to $06-21$ ion death occurred on the date and h	our and from the causes stated
the he had he had he had he had he bep		226. SIGNATURE TRAVELD	Rodrigues	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF	6-37-8
A Sylve		TRANCES S	Rodvigue	22e ADDRESS	3B6H	
1 0 0 E 4					The second secon	
TO FUN should be with the	23a	BURIAL, CREMATION, REMOVAL (SPECIFY)	6/29/83	23c NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION CITY OR TOWN	COUNTY STATE





FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH LAST 20 DATE OF DEATH MONTH I. DECEASED NAME 25 HOUR (-TYPE OR PRINT) Robert J. Gill June 22. 1983 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 3 SEX MONTH M June 22, 1889 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Md. USA Baltimore City WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 700 N. Charles St. TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Lawver Corporation USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION, 136 STATE 136 COUNTY 136 CITY OR TOWN Baltimore 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 700 N. Charles St. 21201 YES X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME John M. Gill Emeline Yingling 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN)
Yes WWI & WWII Mrs. Edith F. Dykes 309 Overbrook Road 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (a), stating the PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21a. PLACE OF INJURY 21f LOCATION 21d IN JURY OCCURRED COUNTY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

PHYSICIAN

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE

22c. DATE SIGNED

22b. SIGNATURE

Burial

NOT WHILE

sow the deceased alive on.

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

23d LOCATION

MEDICAL DIRECTOR PHYSICIAN [

24. FUNERAL DIRECTOR

MITCHELL-WIEDEFELD HOME, INC.

220.1 certify that (1) (this haspital) attended the deceased from

obove, (I) (we) (did) (did not) view the body ofter death

6500 York Rd.

JUN 2 8 1983

DHMH - 16 50M 4/82 (VRA 15, 4)

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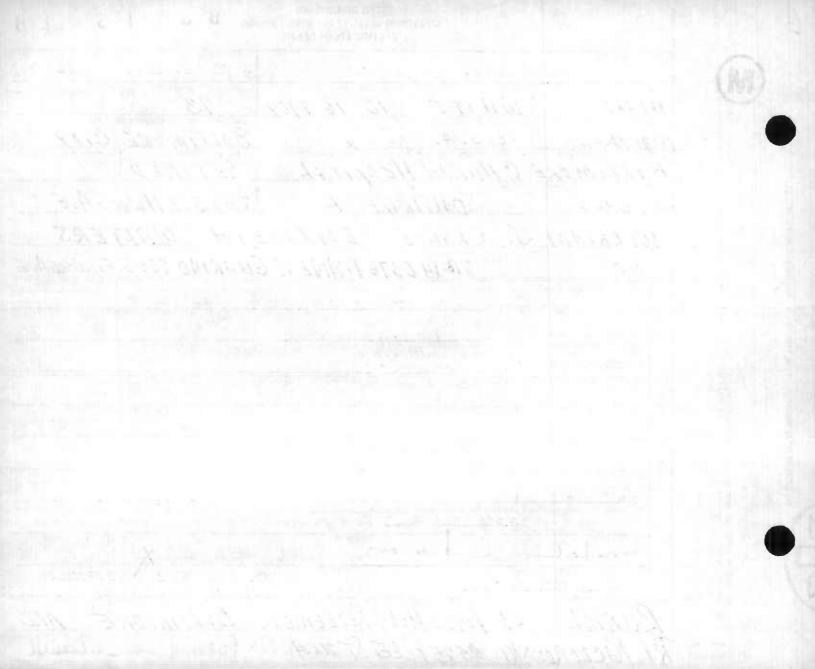
230. BURIAL, CREMATION, REMOVAL 23b. DATE

6/24/83

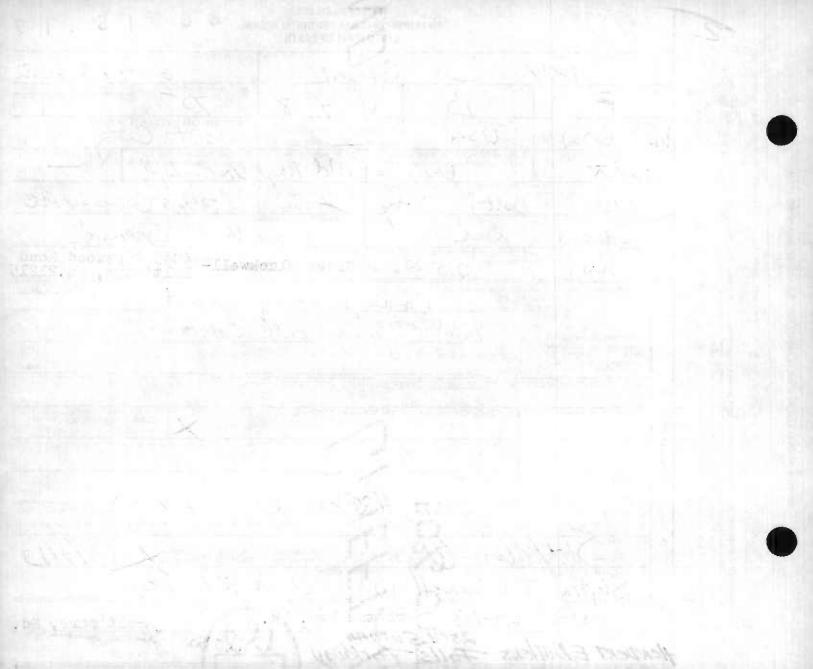
CITY OF TOWN Westminster Cemetery

Westminster. Md.

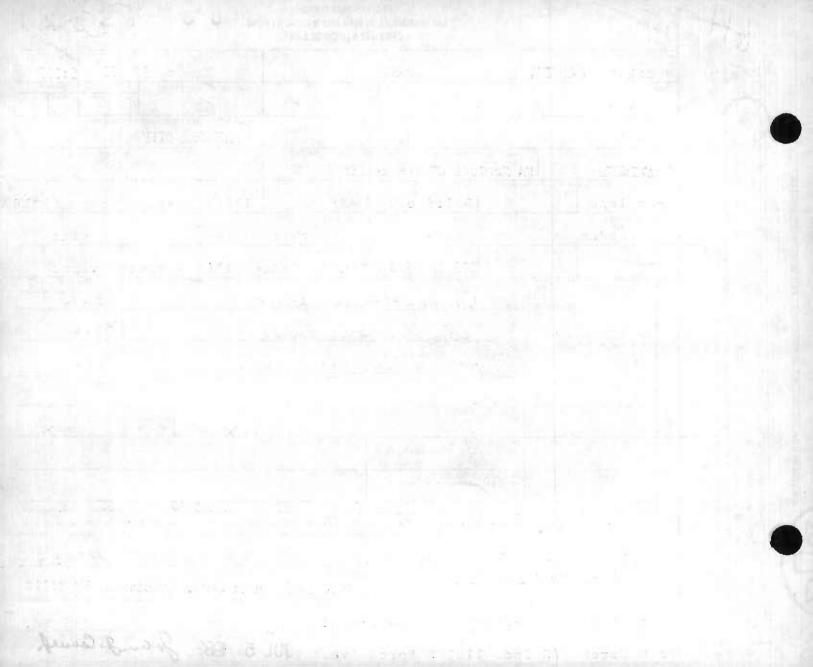
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12	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 5 4 1 9 CERTIFICATE OF DEATH REG. NO.
be 3 death death	(TYPE	CR PRINT) FIRST	MIDDLE COLOR
oge 4 m	3. SE2	F	MONTH DAY YE WONTHS DAYS HOURS MIN. OF CITIZEN OF WHAT COUNTY? 8. 9. BALTIMORE CITY OR COUNTY OF DEATH
4	VZ	SUNTRY) USA	MARRIED NEVER MARRIED MD MARRIED NEVER MARRIED MD MDOWED DNORCED MD 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 MND OF BUSINESS OR
nours ofter of in by the fi be filed with		Bolt	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) & Md Hasp (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
in 24 h	13a, S	TATE 136 COUNT	
ample I and	1		AIDER RICE LAST SILIPABETH MIDDLE Spencer AST
Pages medic		(IF YES, GIVE	AED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Clegg Blackwell+ 4043 Edgewood Road Baltimore. Md. 2121 y one couse per line for (a), (b) and (cl.)
quires that the death cert signed by the attending then please remove carban to burial, cremation, ar re njury, ar ather troumatic en	NO	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	
The law reicion. Ite has been sist permit. Sist permit. Shows any is	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
3 PHYSICIAN: trending physic this certification in this certification on the buriol-tron and Mental Hy	MEDICAL CEI	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAT (# ETIMER; NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) AT WORK AT WORK	
OR ATTEN he haspital DIRECTOR: ached for us Dept. of He H frem 21 is		sow the deceased alive on obove, (1) (we) told full not 22b. SIGNATUR	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 6/9/63
TO HOSPITAL refoined by th TO FUNERAL should be det with the State with the State	22- (22d. PHY S NAME TYPE OR	5 O'(onnell m) U: of Md Hosp
BP DHMH - 16 50M 4/82 (VRA 15, 4)		BURIAL, CREMATION, REMOVAL BURIAL UNERAL DIRECTOR UNERAL DIRECTOR	6/15/83 Arbutus Mem. Pk. CITYORTOWN Baltimore, Md.



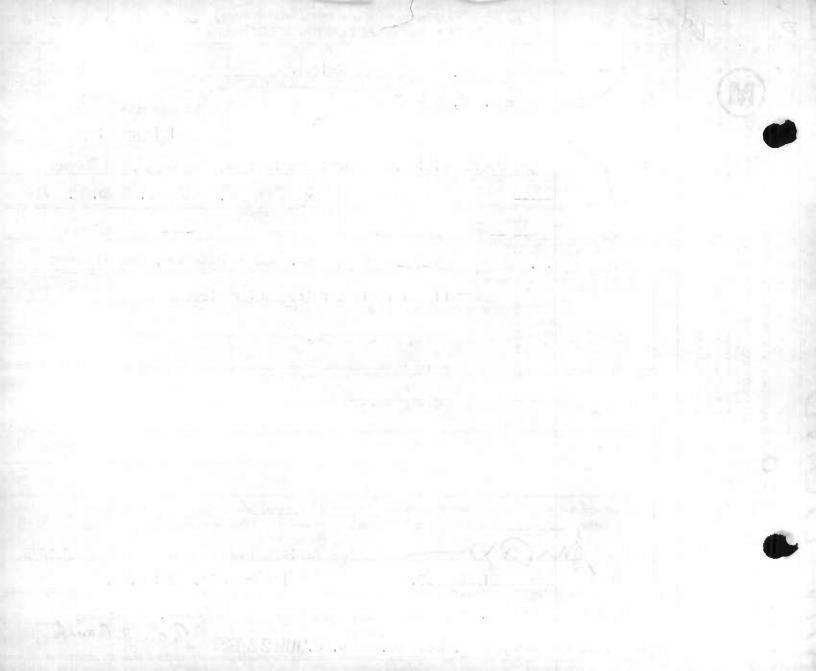
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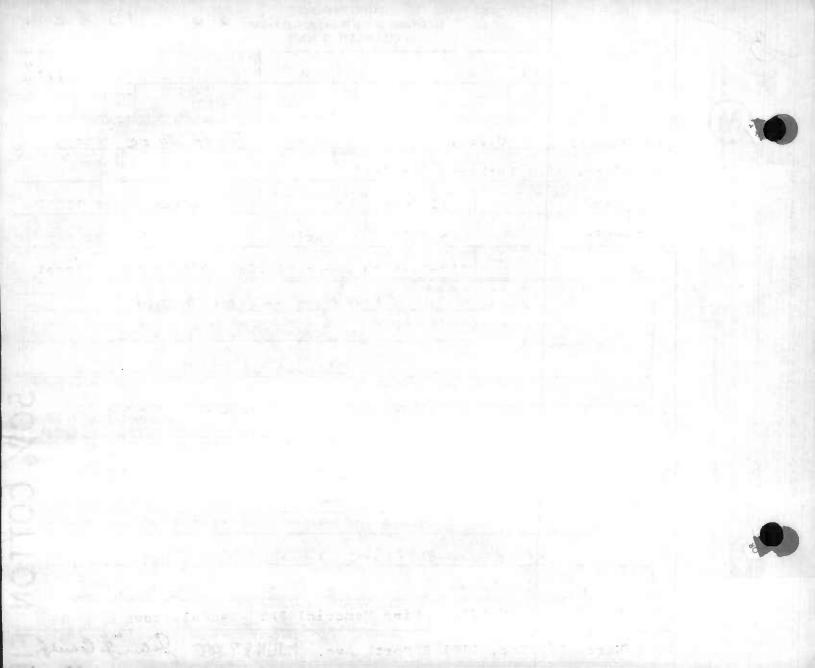


STATE OF MARYLAND

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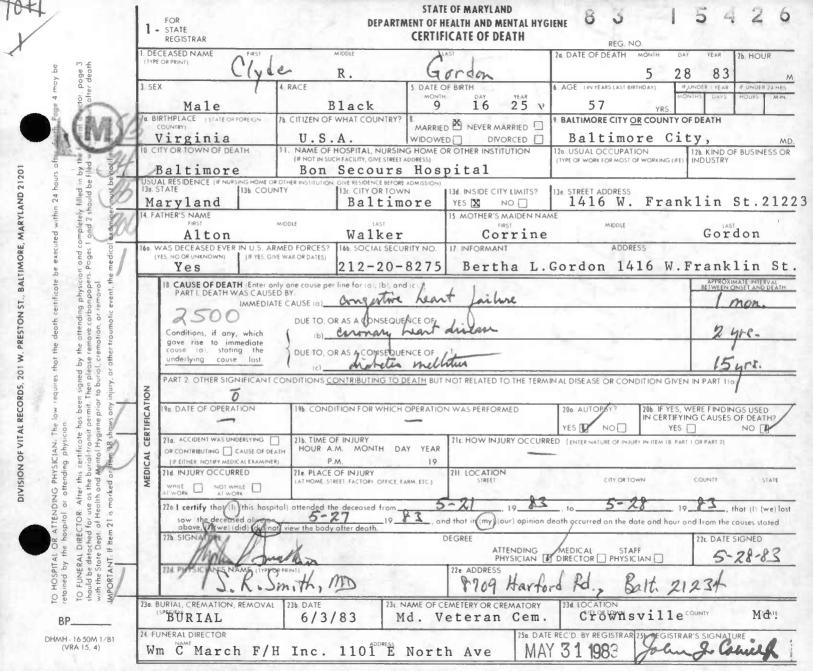
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1	(y		REGISTRAR FIRST	77151	MIDDLE	AFW 2	CERTIFICATE			6. NO.			
			CEASED NAME FIRST		WIDDLE		LAST	- 1	DATE KNOW	N X MONT	H DAY	YEAR	76 HOUR
	March 2012	,	Kenn	eth 0	7)		Goldstraw		OF ESTI-	0 6	21.	9 83	
	3230H	3 SEX			6. AGE (IN)			ER 24 HRS	2c. DATE	MONTH			2d HOUR
	1 155	300	1. KACE	5. DATE OF BIRTH	YEAR LAST BIRTH		HS DAYS HOURS		PRONOUNCED				9:25A
	LEER FE	Ma	le White	Sept. 2	1.1925 57	YRS.			DEAD	- 6	21	983	M
m.	単語	7e: B	RTHPLACE (STATE OR	76. CITIZEN OF WE	AT COUNTRY?	8		0.00	9 BALTIMORE CI	TY OR COU	NTY OF DE	ATH	
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	≨ ≅# ? ≥5	1	death resulted fram: Notu	ral causes X,	Accident, S	vicide	, Hamicide	· Undete	rmined manner				
	A K B C E K	1	A .	000			TITLE (SPECIFY)						
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	BP		Durial	Tune 25,19	(edan	Hill	Venetery	Ba	Itimore,	Mar	ryland	1	
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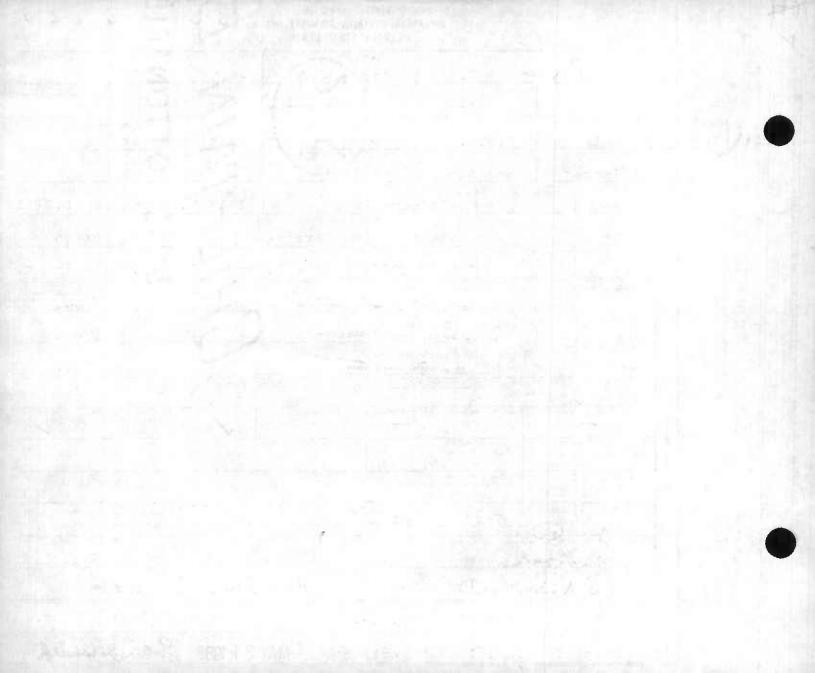




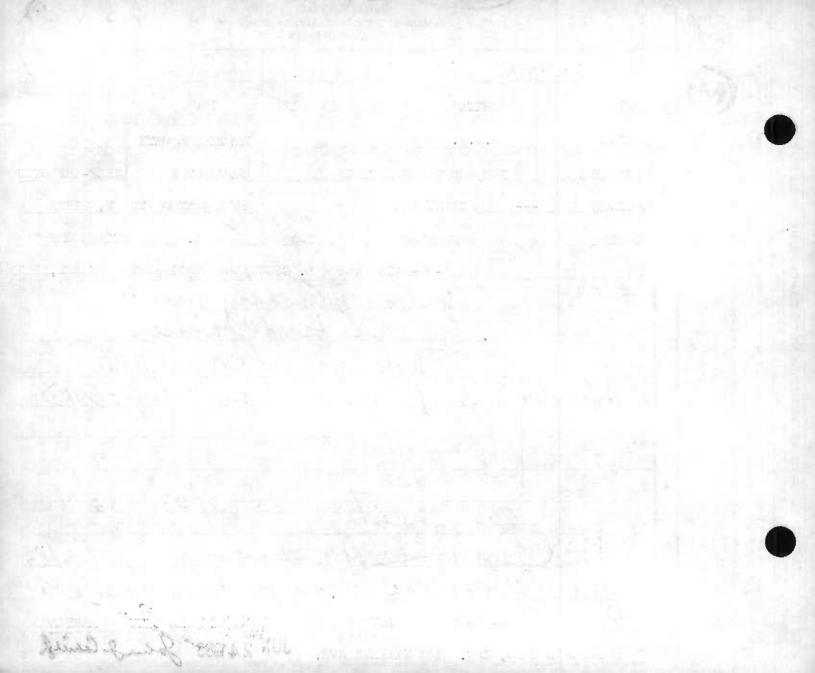
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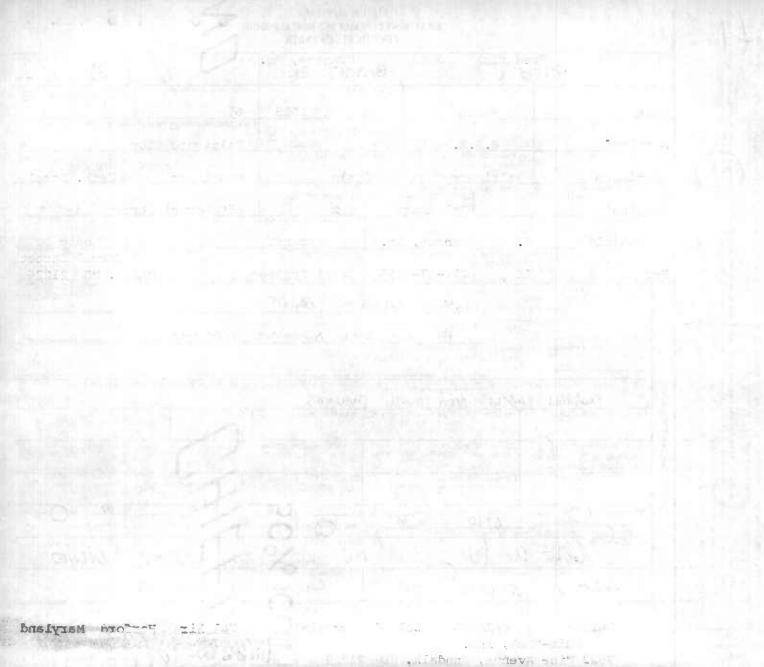
STATE OF MARYLAND



40	L	FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	15428
eoth.		CEASED NAME FIRST PAUL	INE M	GRANGER	JUNE 18, 198	33 YEAR 26 HOUR 10:17p
ge 4 may	3 SI	x EMALE	4. RACE WHITE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
of the office of	3	IRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		
Coffee of wife for the first	BA	ITY OR TOWN OF DEATH	JOHNS"HOPKIN	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IP Supervisor	12b. KIND OF BUSINESS OR INDUSTRY Balto. City
Filled in the sould be	USU 130. 1a	AL RESIDENCE (IF NURS STATE TY Land	COTHER INSTITUTION GIVE RESIDENCE BEFORM ITY 130. CITY OR TO IMORE BALTIM	ORE ADMISSION) WN 13d INSIDE CITY LIMITS? YES NO 25		21226
mpletely and 2 show		ATHER'S NAME ederick	MIDDLE Kelle	15. MOTHER'S MAIDEN N	AME MIDDLE	Fertig
or careful of the car		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIT	rmed Forces? 166 Social Sec 215-09		ADDRESS Schertle 880	3 Lakewood Rd.
he death certificate to attending physici smove carbanpaper motion, or removal.		1749 IMMEDIA	nly one couse per line for (a), (b), c ED BY: TE CAUSE (o) DUE TO, OR AS A CONSEO	Jepsi, neval	Gilure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 96 ACS
res that the design of the des		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO		er	12 years
he low requir on. has been sign t permit. Then	CERTIFICATION	19a DATE OF OPERATION		HOPERATION WAS PERFORMED PERICARDITIS	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFY ING CAUSES OF DEATH? YES \(\text{NO} \) \(\text{NO} \)
DIVISION OF VITA	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	JRRED (ENTER NATURE OF INJURY IN ITEM	< 1.1 MHz
TTENDING PR spital or atten CTOR: After the far use as the of Heolth and of Heolth and	W	sow the deceased alive an	(AT HOME, STREET, FACTORY, OFFICE	6/9 19.83	to CITY OR TOWN	, 19
O HOSPITAL OR A etained by the ho TO FUNERAL DIRE. should be detached with the State Dept.		226. SIGNATURE		DEGREE ATTENDING PHYSICIAN 22° ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	C C B B
TO HOSI	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY arkwood Cemeter	236 LOCATION	Balto. Md.
DHMH - 16 50M 4/82		UNERAL DIRECTOR	AL HOME 740 PRESS.	25a. D	ATE REC'D. BY REGISTRAR 25 PEC	

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41	1 -	FOR STATE REGISTRAR			DEPAR	MENT OF F	ICATE OF	MENTAL HYG DEATH	REG	. NO.	5 4	2 9
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ffer b	3. SE	X	4.5	RACE		5. DATE (YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	HOURS MIN.
urs o		le		Whi		12	2 31	1915	67	YRS		
20 di		RTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	D X NEVER	MARRIED -	9. BALTIMORE CIT	Y OR COUN	TY OF DEATH	
200		ryland		U.S		WIDOWI		NORCED	Baltimo			JW.
(22 max)	10 C	ITY OR TOWN OF DEA	TH 111.		HOSPITAL, NURS		OR OTHER INS	NOITUTITE	120. USUAL OCCUP		12b. KIND C INDUSTRY	OF BUSINESS OR
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2 sh	14. FA	ATHER'S NAME	MIDI	DIE	LAST		15. MOTHER	'S MAIDEN NA	ME		LAS	
puo 300		Frederick	J		Gransee,	Sr.	Ma	rgaret			Kor	
Poges medical		VAS DECEASED EVER	IN U.S. ARME		166. SOCIAL SEC		17. INFORM	ANT	AD	DRESS 45	6 Hornel	Street
Pog med	Ye		WW I		212-07-	9956	Pearl	Granse	e		lto. MD	21224
hysicia sopers. oval.		18 CAUSE OF DEAT	H (Enter only o	ne couse per	r line for (a), (b), a	ind (c).)						MATE INTERVAL ONSET AND DEATH
igned by the atternation please remove burial, cremation iny, ar ather traun	7	Conditions, if ony, gove rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN	nediate g the lost.	(c)	POJ TE	UENCE OF		,	L INFACTO		GIVEN IN PART II	0
ar to	5			rooli	110011		THROME					
nsit permit.	CERTIFICATION	190. DATE OF OPERAT			ITION FOR WHIC	H OPERATIO			200 AUTOPSY? YES NO	IN CER	YES, WERE FINDIF TIFYING CAUSES YES [NGS USED OF DEATH?
Mental Hyg	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH			DAY YEAR			RED (ENTER NATURE OF	NJURY IN ITEM 1	8, PART 1 OR PART 2)	
os the but th and M orked or	MED	21d INJURY OCCURE	ILE 🗆		OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	21f LOCAT	ION ET	1	RTOWN	COUNTY	STATE
DIRECTOR: 4 ached for use Dept. of Heal If Hem 21 is m		220.1 certify that (1) sow the decease above. (1) we) (c 22b. SIGNATURE				6)	nd that ip my	(our) opinion	deoth accurred an th	e date and h	our and from the	
FUNERAL DII FUNERAL DII VId be detack orthe State De		22d. PHYSICIAN'S NA	ME (TYPE OR PR	L. U	les		MD 220. ADDRE	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN S	6/2	0/80
retained by the has TO FUNERAL DIRECT should be detached with the State Dept. IMPORTANT: If hem	0.2	Nosou	AV	UEIJGA		0	13	ALPHOIL		4019179	L	
BP		BURIAL, CREMATION,		23b. DATE				CREMATORY	23d. LOCATION CITY OR TOWN	4	COUNTY	STATE
A TOTAL	24 5	Buria	1	6/22		el Air	Memor		Bel Ai			laryland
6 50M 4/82	24 11	NAME DIRECTOR D						250. DAT	N 2 2 1983	AR ZOB. REG	STRAK'S SIGNU	parry.
15, 4)		7922	Wise A	venue,	Dundalk	, MD	21222	JU	IN A A BOO	U		11 11 11



Wm C March F/H Inc. 1101 E North Ave

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2k HOUR

21201

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

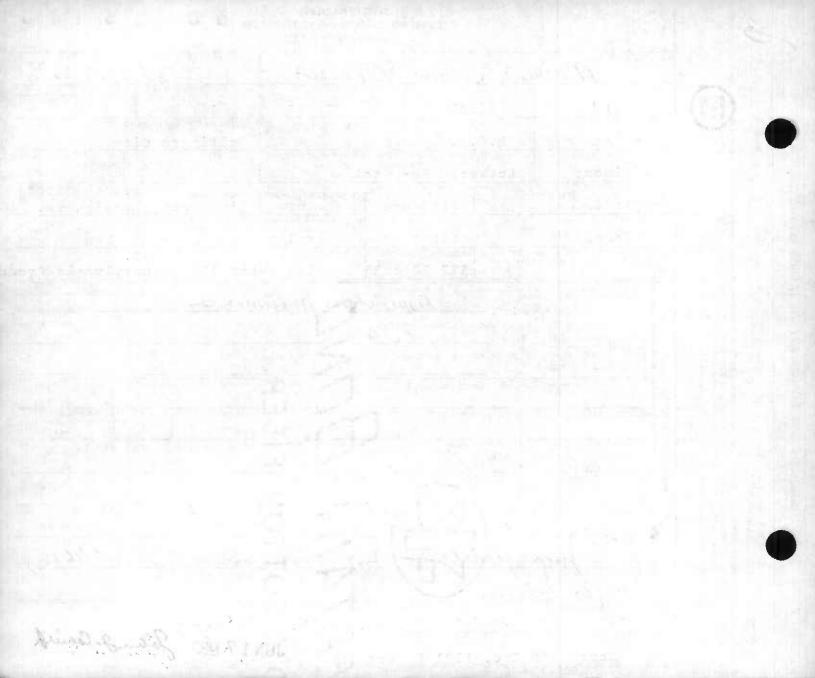
NO

STATE

Lee

COUNTY

22c. DATE SIGNED



FOR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

I. DECEASED NAME

REGISTRAR

1916 Walbrook Ave. 21217 Boone ADDRESSOWINGS Mills, Md. 218-07-8839 Ruth Rouse 10917 Huntclift Drive PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO P 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) COUNTY STATE 63 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED al-100 E broadw BURIAL 6/24/83 COUNTY M distate Arbutus Mem. Arbutus Pk. 24 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE Wm CAMMarch F/H Inc. 1101 North Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

YEAR

IF UNDER 1 YEAR

INDUSTRY

26 HOUR

12b. KIND OF BUSINESS OR

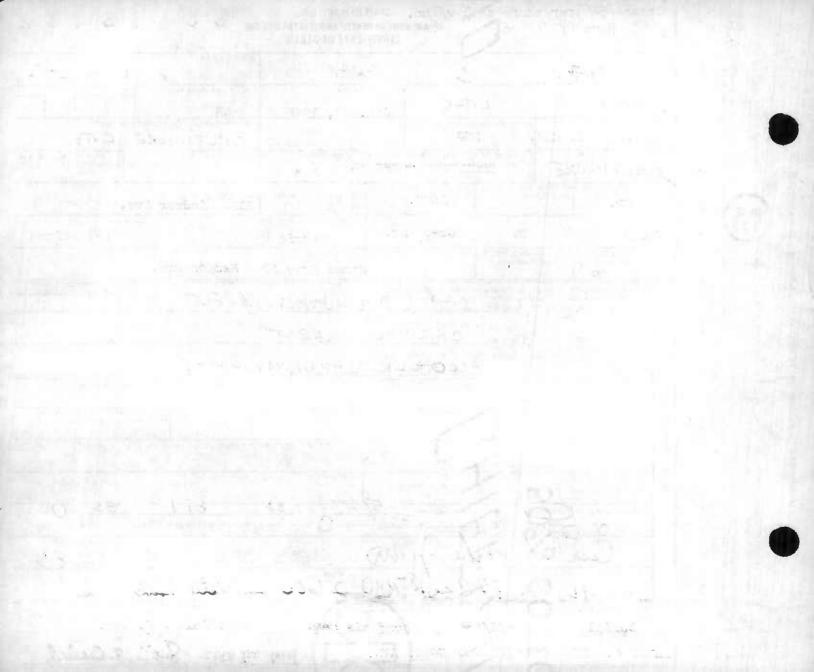
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IF UNDER 24 HRS

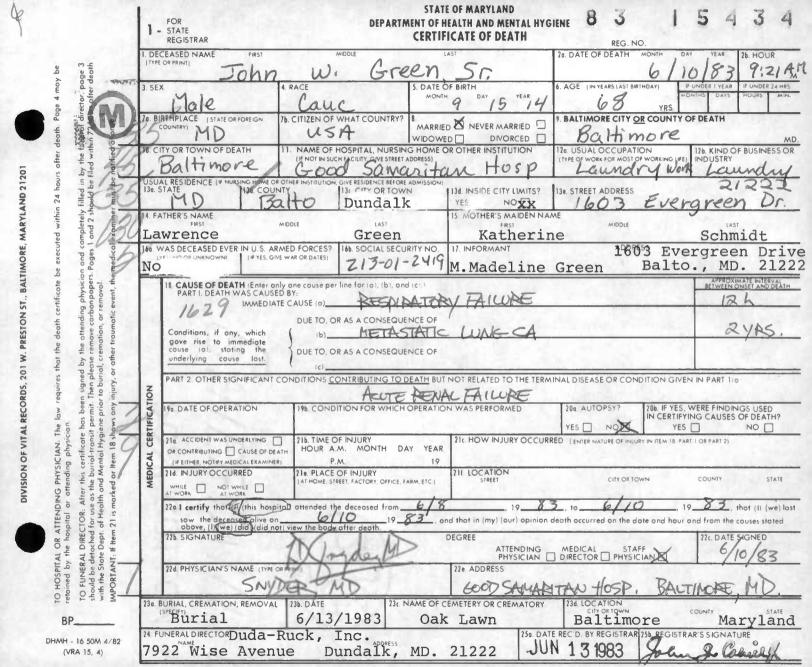
20. DATE OF DEATH

T. T. which had been to be the little

6		for Home 6/	r phone ca		RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		15432
Poge 3			TEL	MIDDLE		RAY	REG. NO. 20. DATE OF DEATH MONTH	1 83 245 A M
age 4 moy rector, pog urs ofter de	3. SE	MALE		ACK	5 DATE O	DAY YEAR		WUNDER! YEAR WUNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Pe	ED^{0}	RTHPLACE (STATE OR FOREM COUNTRY) GEFIELD, S.	CAR.	WHAT COUNT	MARRIE			RE CITY MD
		BALTIMORE		HOSPITAL, NU		AL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
No. 3	13a. S	AL RESIDENCE (IF NURSING FOR ALL MD.	COUNTY	13c. CBAPT		13d. INVIDE CITY LIMITS?	3339 Windsor	Ave. 2/2/6
		THER'S NAME AMES	MIDDLE B.	Gray	Sr.	IS MOTHER'S MAIDEN NA	B .	Valentine
mond or Pages, Pages, Pages,		VAS DECEASED EVER IN L VES. NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIALS	SECURITY NO.	17. INFORMANT James Gray 53	ADDRESS 308 Haddon Ave.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be received and community from the death certificate be received by the attending physician and community filled in the ost the buriol-transit permit. Then please remove carban papers, league and settled be filled in the ost the buriol-transit permit. Then please remove carban papers, league and settled be filled in the ord Memol Hyglene prior to buriol, cremation, or removal.		18 CAUSE OF DEATH IE PART I. DEATH WAS O	nter only one couse pe CAUSED BY: MEDIATE CAUSE (o)	carline for (o), (b)), and (c).) DIO PU	LMONARY	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ot w. PRESTON into the death ce deby the attending lease remove corb inial, cremation, or re		Conditions, if ony, wh	nich (b)_		2DIAC	ARREST	•	
of W.P		couse (o), stating underlying couse li	the OUE TO, (c)			CARDIOM		
requires ren signe 1. Then p or to bur y injury, o	NOIL						MINAL DISEASE OR CONDITION	
TAL RECOI	CERTIFICATION	198 DATE OF OPERATION			11CH OPERATIO	N WAS PERFORMED	YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
SION OF VITAL R PHYSICIAN: The I ending physicion. this certificate has the buriol-transit pe d Mental Hygiene d of fem 18 shows		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITE	m 18 PART I OR PART 2)
DING PHYS or attending After this e os the bu	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	CAT WOME C	OF INJURY TREET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND pital o Dital o TOR: A for use of Heo		sow the deceased a abave, (1) (we) (did)	s hospital attended to	1	02	nd that in my (our) opinion	death occurred on the date and	d hour and from the couses stated
hoo ho ho he he he he		226. SIGNATORE	l.d.fo	rhen	hun		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL O		CEGL	C. P.	ARKE	RIPM	220. ADDRESS 2600	Liberty Ho	y Is
BP		BURIAL, CREMATION, REA (SPECHY) burial	13b. DATE 6/5/			emetery or crematory		S. Car.
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR ROY ^{ME} O. DYETT	T 4600 LIBI	ERTY AGI	fs. AVE.		TE REC'D. BY REGISTRAR 256. RE	EGISTRAR'S SIGNATURE



JUN 2 1 1988 See 2 Comp



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Million U.S. A. Backmone City Billion Sais Raul Francis A PACINS STORY CONCLUB The address of the same of the second of the JUN 23 1883 The B County

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141		emale		white		s. DATE C			GE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	HOURS MIN.
death. Pa	COU	OK		USA		WIDOWE			BALTIMORE CITY O	E CITY		MD.
by the led with th	BA	OR TOWN OF DEATH		THE JO	HNS HO	PKTNS H	OSPITAL	12a	USUAL OCCUPATION Secretar	ON OF WORKING LIFE)	MD S	tate
hin 24 hos should be		RESIDENCE (IF NURSING NET MD)	COUNTY	ER INSTITUTION	GIVE RESIDENCE BEI		13d. INSIDE CITY LIMITS? YES NO NO		7822 OV	verhil	1 Rd.	(21061)
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BALTIMORE	16a WA:	NO UNKNOWN)	U.S. ARMED		166. SOCIAL SE		Stephen G	ref				
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requires the standard of the plecort		Renalta	The	Re	MITRIBUTING T	O DEATH BUT	NOT RELATED TO THE TE					
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DIVISION OF VITAL RECORDS. NG PHYSICIAN: The low requirement of the physician of the physician for the confliction of the buriol-tronsit permit. Then the horiol-tronsit permit. The though Amental Hygiene prior to the ond Mental Hygiene prior to the ord Mental Hygiene prior to the ord don them 18 shows ony injury.	CAL	OR CONTRIBUTING CAI OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICAL ID. INJURY OCCURRE	SE OF DEATH	HOUR A	M. AONTLI	DAY YEAR	21c HOW INJURY OCC	LUKKED	(ENTER NATURE OF INJU	RY IN ITEM IS PAR	1 TORPART 2)	
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ATTEND oospital of oospital of oospital of oospital of oospital oo	3	sow the deceosed above, (I) (we) (did 7b. SIGNATURE	olive on	6/22	18.3 19	13.0	od that in (my) (our) opini	ion deot	h occurred on the do	ote and hour	and from the c	
10SPITAL OR A ned by the hos FUNERAL DIRECTLO BE detached the Store Dept.	1	Sept Cly	L ful	wisor			ATTENDING PHYSICIAN 1220 ADDRESS 400		REDICAL STAI		(e/	1205 MD
TO HOSPITAL retoined by the TO FUNERAL should be determed with the Stote IMPORTANT: I	230 RUI	ROSE Chr	is top l	ESTA 23b. DATE	Li	NAME OF C	John Hippin	RY I	op Blu	lock K	1- Ba	eto, Ma.
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DHMH - 16 50M 4/B2 (VRA 15, 4)	Si	ngleton	Fune	ral H	ome, C	len E	urnie.MDJ	UN 2	23 1983	John	26	melf !

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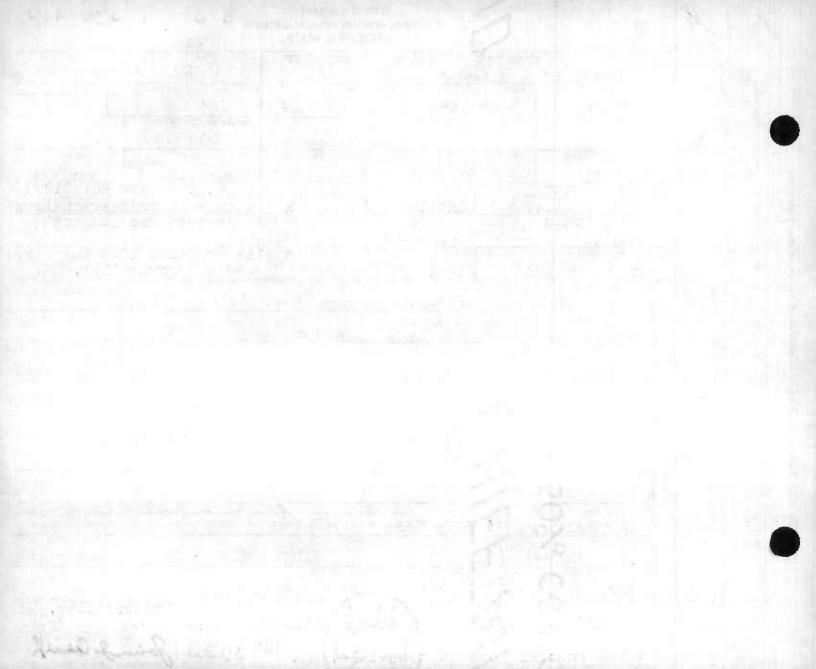
25	1.	FOR STATE REGISTRAR	DEPAI	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE O S	15450
o o o o o o o o o o o o o o o o o o o	I. DE	GRASED NAME FIRST OR PRINT) AMES Thomas	2.5	Grenory	20. DATE OF DEATH MOI	28 83 645AM
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deoth Poureral dir	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED ₩ NEVER MARRIED L. WIDOWED DIVORCED	Baltimor	e City MD
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in 24 hour	130	AL RESIDENCE (IF NURSING HOME OR NATATE 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEI	MORE YES NO []	519 Denis	ion St. 21229
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		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	DBY: (1) (10 AP L	no vascular a	ccident	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s that the death certificate by the attending places remove carbong riol, cremation, or remove or other traumotic eve		Canditions, if ony, which gave rise to immediate couse (a), stoting the underlying cause last.	DUE TO, OR AS A CONSECULATION OF AS A CONSEC	iration preu	moma	
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN; The low requires the rottending physicion. Wher this certificate has been signed to as the buriol-tronsit permit. Then pleo the and Memol Phygiene prior to buriol, orked or them 18 shows ony injury, or a content of the province orked or them 18 shows ony injury, or a content of the province orked or them 18 shows ony injury, or a content of the province or the provi	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	rminal disease or condit	ON GIVEN IN PART 1(0)
TAL RECO	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
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DIVISION DING PHYS or ottending After this of the as the bur oith and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	12 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TEND or USE or USE of Heal		saw the deceased olive an above, (1) (we) (did) (did no	ital) attended the deceased from 7 7 19 View the bady after death	, and that in (my) (our) opinion	on death occurred on the date	and hour and fram the causes stoted
0 0 0 0 0		221 SIGNATUFE	Elin)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 6/28/83
TO HOSPITAL retained by the TO FUNERAL should be determined with the State IMPORTANT: IMPORTANT: I		MUges 64	ebremaria			
BP		BURIAL CREMATION, REMOVAL SPECIFY BURIAL	23b. DATE 7-1-83	KING Mampk.	RANdalls	Town Md STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	AS. A. MOR	2 TON & SONS	1701 LAURENS	UN 30 1983	John J. Committee

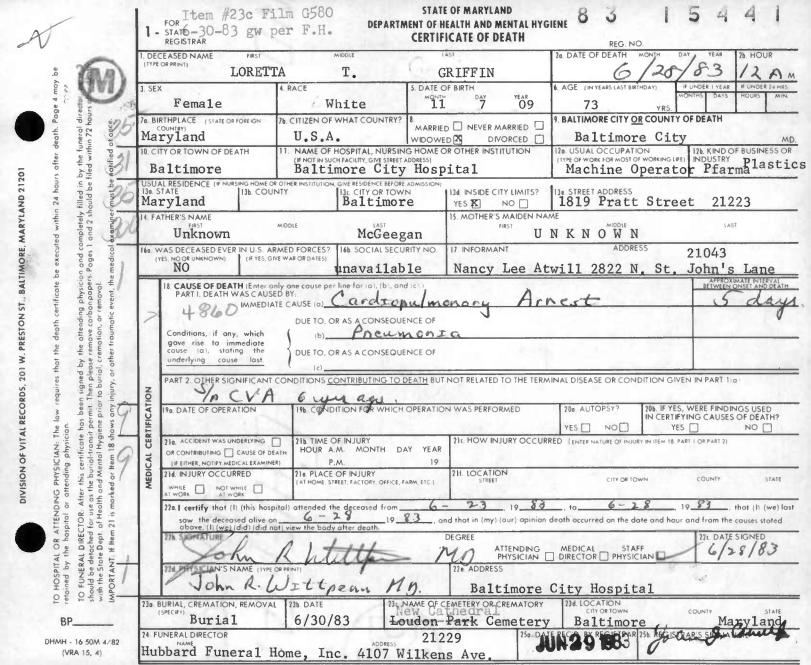
STATE OF MARYLAND

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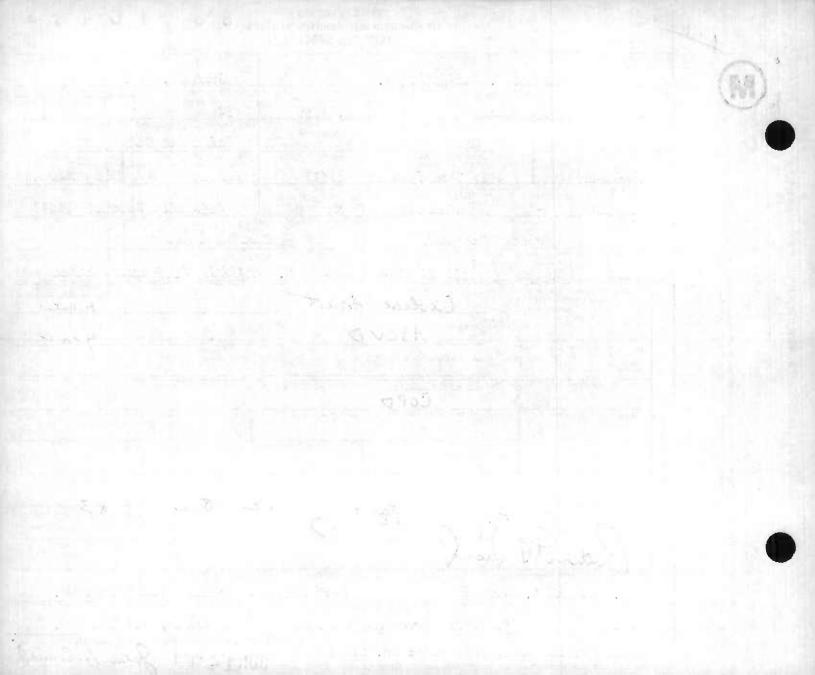
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ACE (STATE OR FOREIGN 7 LTYLAND TOWN OF DEATH LIMOTE DENCE (IF NURSING HOME OR OF 13b COUNT LULAND	White b CITIZEN OF WHAT COUL Y USA 1. NAME OF HOSPITAL, N (IFNOT IN SUCH FACILITY, GIVI 4228 ELSA	5. DATE C MONTH MALE NTRY? 8 MARRIEI WIDOWE NURSING HOME C	y 1, 1929	June 12, 6. AGE (IN YEARS LAST BIRTHDA: 54 9. BALTIMORE CITY OR CO	1983 IF UNDER 1 YES WONTHS DAY	AR IF UNDER 24 H
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TOWN OF DEATH LIMOTE DENCE (IF NURSING HOME OF	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 4228 ELSA	WIDOWE				
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uland 136 COUNT	THER BUTTING CONTRICTOR		21211	Driver	Oil	Deliver
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	ert Griffit			Lva Dumhart		LAST
		L SECURITY NO.	17 INFORMANT	110011200		
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rise to immediate	(b)	7.50	<u>/</u>		7	Lav
2 OTHER SIGNIFICANT CO	onditions <u>contributin</u>	COPP	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PART	1to
ATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES NO		
NTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	HEM 18 PART 1 OR PART 2	")
□ NOT WHILE □	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
w eceased alive per bone, (1) we) [did (all right)	· ay	19 82 on		leath accurred on the date o		
Lichart	7 Vial		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		TE SIGNED
	,			ut Avenue B	3altimore,	, Md.
ial	236. DATE 6/15/1983			Baltimore,	Maryland	STATE
	CECASED EVER IN U.S. ARM OR UNKNOWN) USE OF DEATH (Enter only) ART I. DEATH WAS CAUSED IMMEDIATE IMMEDIATE IMMEDIATE OTHER SIGNIFICANT CO ATE OF OPERATION CCIDENT WAS UNDERLYING INTRIBUTING CAUSE OF DEATH COUNTY MEDICAL EXAMINER) NOT WHITE COURRED AT WORK COURT HAVE AT WORK CETTIFY THAT (1) (this hospito) CETTIFY THAT (1) (this hospito) COURT HAVE COURTED COUNTY HOLD (ALEXAMINER) COUN	CECASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) WESE OF DEATH (Enter only one couse per line for 10), WART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (10) DUE TO, OR AS A CON DUE TO, OR AS A CON OUT T	CEASED EVER IN U.S. ARMED FORCES? INVENTORMAN IF YES, GIVE WAR OR DATES AND WAS IF YES AND WAS AND WAS IF YES AND WAS	CECASED EVER IN U.S. ARMED FORCES? INVENTORMAN (FYES, GIVE WAR OR DATES) 16b SOCIAL SECURITY NO. 17. INFORMANT DRUNKNOWN) (FYES, GIVE WAR OR DATES) 213 26 0194 DOROTHY M. G. WISE OF DEATH LENTER ONly one couse per line for 101, (b), and ic. WISE OF DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF INTERPRETATION 19b CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATION OF THE CONTRIBUTING COUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. INTERPRETATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CCIDENT WAS UNDERLYING INTERPRETATION OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 INTERPRETATION 19c PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 INTERPRETATION 19c PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 INTERPRETATION 19c PLACE OF INJURY HOUR A.M. STREET FACTORY, OFFICE FARM, ETC.) STREET INTERPRETATION 19c PLACE OF INJURY HOUR A.M. 19 INTERPR	CECASED EVER IN U.S. ARMED FORCES? IBB SOCIAL SECURITY NO. 17. INFORMANT ADDRESS PRINKNOWN (19 45 6 Me WAR OR DATES) RUNKNOWN) (19 4 MEDIATE CAUSE OR) DUE TO, OR AS A CONSEQUENCE OF (10) STORING COUSE lost (10) DUE TO, OR AS A CONSEQUENCE OF (10) ATE OF OPERATION [19 6 CONDITION FOR WHICH OPERATION WAS PERFORMED [10] ATE OF OPERATION [19 6 CONDITION FOR WHICH OPERATION WAS PERFORMED [10] PARTY MEDICING CAUSE OF DEATH HOUR AM MONTH DAY YEAR P.M. 19 JURY OCCURRED [10] P.M. 19 JURY OCCURRED [11] [12] P.M. 19 JURY OCCURRED [13] [14] P.M. 19 JURY OCCURRED [15] [16] [17] [18] [18] [19] [18] [19] [19] [10] [10] [10] [11] [12] [13] [14] [15] [15] [16] [17] [17] [18] [18] [18] [18] [18] [18] [18] [18] [18] [18] [18] [18] [18] [18] [18] [18] [18] [18] [19] [19] [19] [10] [10] [11] [12] [13] [14] [15] [15] [16] [17] [18] [18] [18] [18] [18] [18] [18] [19] [19] [19] [10] [10] [10] [11] [12] [13] [14] [15] [15] [16] [17] [18] [19] [19] [10] [10] [10] [11] [11] [12] [13] [14] [15] [16] [16] [17] [18] [1	CECASED EVER IN U.S. ARMED FORCES? RUMANOWN I 1875, ONE WAR OR DATES) 213 26 0194 DOROTHY M. GRIGGITH 4228 ELSA TEN WAS CAUSED BY: WAS CAUS

DHMH - 16 50M 1/81 (VRA 15, 4)



	FOR 1 - STATE REGISTRAR	DEP	ARTMENT OF HEA	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	HENE 8 3	0.	5	14	4
ì	1. DECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUI	
I	HOWAR	RD JAMES	GR1	FFITH		6 1	83	4:33	
	3. SEX Male	4. RACE White	oct. 6	DAY YEAR	6 AGE (IN YEARS LAST BI	YRS.	MONTHS DAYS		MIN.
	76. BIRTHPLACE (STATE OR FOREIGN Marykand	76 CITIZEN OF WHAT COUN	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	_			MD.
	BALTIMORE	11. NAME OF HOSPITAL, NI VA MEDICAL CE			12g USUAL OCCUPAT (TYPE OF WORK FOR MOST Truck Dr.	OF WORKING	LIFE) INDUSTR	of BUSINE	
	USUAL RESIDENCE (IF NURSING HOME 130. STATE Maryland Bal	or other institution give residence unity lac. City or Balt	TOWN 1	BE INSIDE CITY LIMITS?	13° STREET ADDRESS 1627 Gougi	n Str	eet 21	231	
	14 FATHER'S NAME FIRST James Th	middle Griff	T T	Carrie	ME Elizabet	1	Morris	AST	
	160 WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES WITH	GIVE WAR OR DATES) 017 0		Woodrow W. C	ADDR Briffith, Al		on, Md.	2100	9
	PART I. DEATH WAS CAUS	only one cause per line for (a) (6 SED BY: ATE CAUSE (a)		mourly our	cent		APPRO BETWEE	OXIMATE INTER	VAT DEATH
	Conditions, if any, which	DUE TO, OR AS A GONS		psis			unk	ensu	M
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	u toot	apertion	Lerubetus	ula	15 IN	v.	
	PART 2 OTHER SIGNIFICAN	T CONDITIONS <u>CONTRIBUTING</u>	G O DEATH BUT N	OT REATED TO THE TERM					
1	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	IN CER	ES, WERE FINE TIFYING CAUS	ES OF DEAT	H?

MEDICAL (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE June 220.1 certify that (K(this hospital) attended the deceased from 83 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on JUNE above, (K(we) (did) (dicher) view the body after death DEGREE ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN

211 LOCATION

22e ADDRESS 224 PHYSICIAN'S NAME THE OF BINT

216. TIME OF INJURY

P.M.

21e. PLACE OF INJURY

MONTH

DAY

YEAR

19

HOUR A.M.

3900 Loch Raven Blud. Balto. Md 21218

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

231 NAME OF CEMETERY OR CREMATORY 33e BURIAL CREMATION 236 DATE Crownsy June 7,1983 Crownsville Mt. Vet. Cem. Burial

24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4)

morked or Hem 18

MPORTANT.

TO FUNERAL DIRECTOR:

Howard K. McComas III, Abingdon, Md. 21009

JUN 7

ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

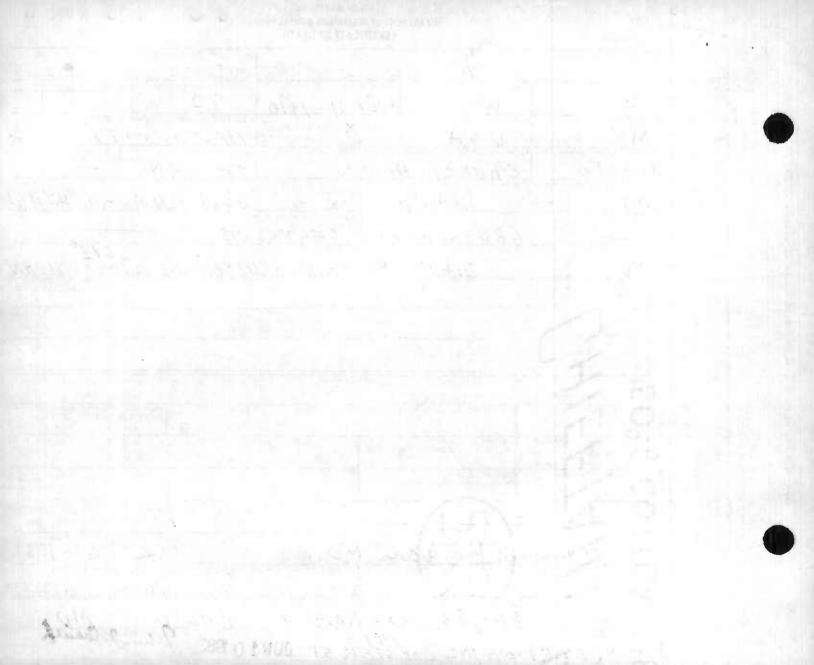
21d. INJURY OCCURRED

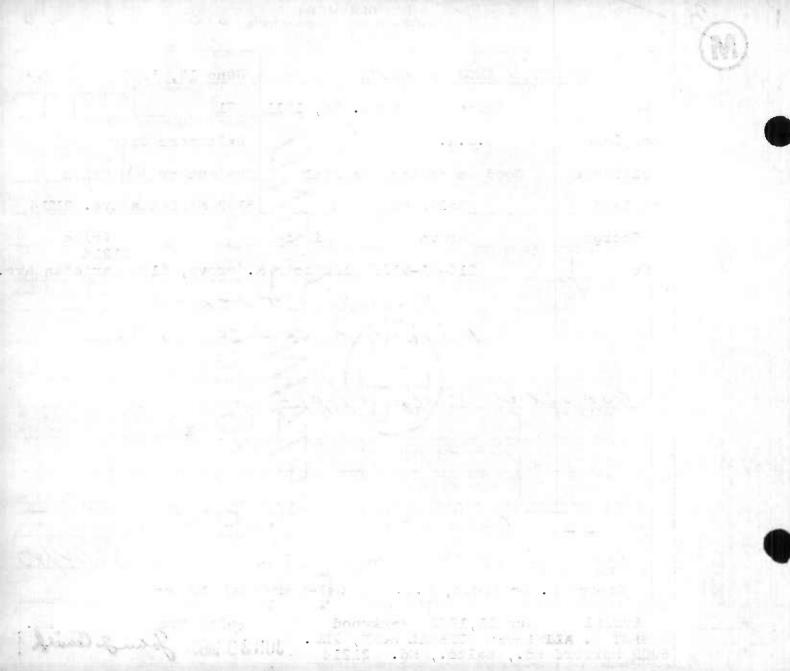
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.)	1-	FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	GIENE O S	1 5	4 5
1		EASED NAME FIRST	WIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
		LEON		GROSK		JUNE 10	1983	2:20A M
3	SEX	M	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE MONTHS OAT	
35	a. BIR	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8. MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY O		MD.
3	lo ch	ALTO	11. NAME OF HOSPITAL HE NOT IN SUCH FACILITY,		ROTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF		O OF BUSINESS OR
5	13a. S	10		OR TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	SLASKI	HISHN
70	4. FA	THER'S NAME FIRST	GROSKO	WSKI	15. MOTHER'S MAIDEN NA	WIE MIDDLE		LAST
1	6a W	AS DECEASED EVER IN U.S. AS ES NO GRUNKNOWN) (IF YES, GI	RMED FORCES? 166 SOC	ID 6797	BEKTEH GR	OSKHWSK	1 Pulysk	1 HiG-HU
		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CO		NOT DELATED TO THE TEDA		DITION CINEM IN DART	lin
4	ATION	PART 2. OTHER SIGNIFICANT DIAB 190 DATE OF OPERATION	ETES MELLI			200 AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
7	TIFICATION	DIAB	ETES MELLI	TUS				DINGS USED
100	9	DIAB	PETES MELLI 196 CONDITION FO 216. TIME OF INJURY HOUR A.M. MO P.M. 216. PLACE OF INJUR	TUS R WHICH OPERATIO NTH DAY YEAR 19	21c HOW INJURY OCCUR	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES YEN ITEM 18. PART I OR PART:	DINGS USED SES OF DEATH? NO []
- 10	CAL	DIAB 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJURY 1 AT HOME, STREET, FACTOR	TUS R WHICH OPERATIO NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.)	21c HOW INJURY OCCUR	200 AUTOPSY? YES NO X	206. IF YES, WERE FIN IN CERTIFYING CAUS YES YEN ITEM 18. PART I OR PART:	DINGS USED SES OF DEATH? NO []
7	MEDICAL	DIAB 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICALEXAMINE 210. INJURY OCCURRED WHILE ALL WORK 220.1 certify that (1) (this hasp sow the deceased alive or	P.M. 216. TIME OF INJURY HOUR A.M. MO P.M. 216. PLACE OF INJURY IN HOME. STREET, FACTOR 21010) ottended the decess	TUS R WHICH OPERATIO NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.) ed from JUNE 19 83, or	21c HOW INJURY OCCUR 21l LOCATION STREET 4 , 19 83 d that in (my) (our) opinion DEGREE	ZOO AUTOPSY? YES NO X RED (ENTER NATURE OF INJUR CITY OR TO: , to JUNE death accurred on the do	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES YES YES COUNTY 10 19 85 122. DA	DINGS USED SES OF DEATH? NO STATE , that (I) (we) last he causes stated TE SIGNED
100	MEDICAL	DIAB 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, MOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORR NOT WHILE 22d. I certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJURY 1AT HOME, STREET, FACTOR DITON ON THE DOT ON THE DO	TUS R WHICH OPERATIO NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.) ed from JUNE 19 83, or	21c HOW INJURY OCCUR 21l LOCATION STREET 4 , 19 83 d that in (my) (our) opinion DEGREE PHYSICIAN [27e ADDRESS CHURC	Z00 AUTOPSY? YES NO X RED (ENTER NATURE OF INJUR CITY OR TO: , to JUNE death accurred on the do MEDICAL STAF DIRECTOR PHYSIC CH HOSPITA	TOD. IF YES, WERE FIN IN CERTIFYING CAUSE YES TY IN ITEM 18 PART LORPART: TO OUNTY 10, 19 83 11 CORPORT	STATE STATE STATE ATION
7	MEDICAL	DIAB 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETTHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) this hosp saw the deceased alive of obove, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJURY 1AT HOME, STREET, FACTOR DITON OF YOUR HOUSE OF INJURY AND HOME OF INJURY OF PRINTS OR PRINTS	TUS R WHICH OPERATIO NTH DAY YEAR 19 RY, OFFICE, FARM, ETC.) ed from	21c HOW INJURY OCCUR 21l LOCATION STREET 4 , 19 83 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [122e ADDRESS CHURC	ZOO AUTOPSY? YES NO X RED (ENTER NATURE OF INJUNE CITY OR TO: JUNE depth occurred on the de DIRECTOR PHYSIC CH HOSPITA ADWAY, BAI	TOD. IF YES, WERE FIN IN CERTIFYING CAUSE YES TY IN ITEM 18 PART LORPART: TO OUNTY 10, 19 83 11 CORPORT	STATE STATE STATE ATION
THE TEN LESS THE T	MEDICAL	DIAB 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, MOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORR NOT WHILE 22d. I certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJURY 1 AT HOME, STREET, FACTOR DITOLOGY OF THE PROPERTY	TUS R WHICH OPERATIO NTH DAY YEAR 19 RY, OFFICE, FARM, ETC.) ed from	21c HOW INJURY OCCUR 21l LOCATION STREET 4 , 19 83 d that in (my) (our) opinion DEGREE PHYSICIAN [27e ADDRESS CHURC	Z00 AUTOPSY? YES NO X RED (ENTER NATURE OF INJUR CITY OR TO: , to JUNE death accurred on the do MEDICAL STAF DIRECTOR PHYSIC CH HOSPITA	TOD. IF YES, WERE FIN IN CERTIFYING CAUSE YES TY IN ITEM 18 PART LORPART: TO OUNTY 10, 19 83 11 CORPORT	STATE That (I) (we) las he causes stated TE SIGNED





requires that the death certificate be executed within 24 haurs after death. Page

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygrene prior to burial, crematian, ar removal.

in by the funeral director, page 3 filed within 72 hours after death

	REG. NO.
1. DECEASED NAME FIRST MIDDLE LAST 20. [TYPE OR PRINT]	DATE OF DEATH MONTH DAY YEAR 26 HOUR
HILDA Irene GRUBB	6 2 83 545 A
MONTH DAY WEAD	GE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS BAYS HOURS MIN.
Female White April 29, 1923	60 _ YRS
70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED \(\subseteq \) NEVER MARRIED \(\subseteq \) 9. BI	ALTIMORE CITY OR COUNTY OF DEATH
Homer, Ill. U.S.A. WIDOWED DIVORCED [] [BALTO, CITY M
BALTIMORE CITY SINAI HOSPITAL OF BALTIMORE H	USUAL OCCUPATION PEOF WORK FOR MOST OF WORKING LIFE) LOUSEWIFE HOME
	STREET ADDRESS 21215 929 W. Cold Spring Lane
14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
Frela J. Myers Sybil	A. Austin
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	ADDRESS 21204
	bb8616PleasantPlainsRd.
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) RESPIRATIONS CEASED	
4960 DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if any, which gave rise to immediate (b) SEVELE COPD, CHF	
couse (a), stoling the underlying couse last.	
(c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART 110
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (00 AUTOPSY? 206, IF YES, WERE FINDINGS USED
Y	IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
OR CONTRIBUTION OF CAUSE OF CA	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
(IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
AT WORK AT WORK	() 82
sow the deceased alive an	to 6/2 , 19 0 3 , that (I) (we) los
obave, (1) (we) (did) (did nat) view the body after death.	accurred on the date and hour and from the causes stated
ATTENDING ME	EDICAL STAFF
PHYSICIAN DIR	RECTOR PHYSICIAN 6 -2-13
Valle and the second second	141 60== 1/200 1/2 41=
	AL, GREENSPRING AVE
	34 LOCATION
230. BURIAL, CREMATION, REMOVAL 235. DATE 23c. NAME OF CEMETERY OR CREMATORY 23	di LOCATION CITYORIOWN CITYORIOWN Railtimore Manueland
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23c. NAME OF CEMETERY 23c. NAME OF CE	CITY OF TOWN

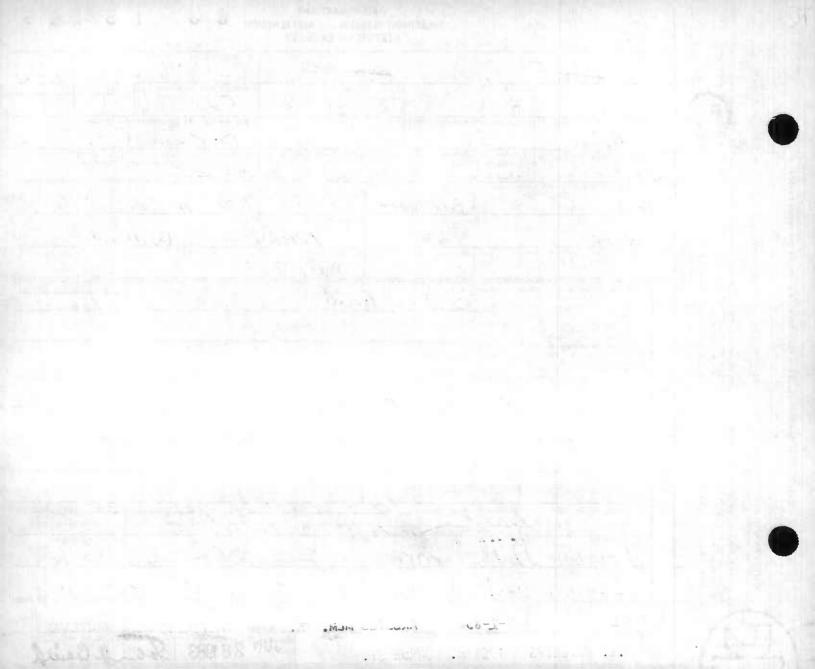
DHMH - 16 50M 1/B (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital ar attending physician.

ALLE SEE STATE OF THE SECOND SEED OF THE SEE ALLE ACAN TO THE STATE OF THE SAME AND THE SAME A THE H SWINNA WE WAS TANKING THE WAS TRANSPORTED BY STREET OF WAS TRANSPORTED BY Mark and the second TANKS SUND EAST STORY OF THE ST THE THE PARTY OF T MARINE A PARK DEPOS A SELECTION OF THE PROPERTY OF THE PARK OF THE

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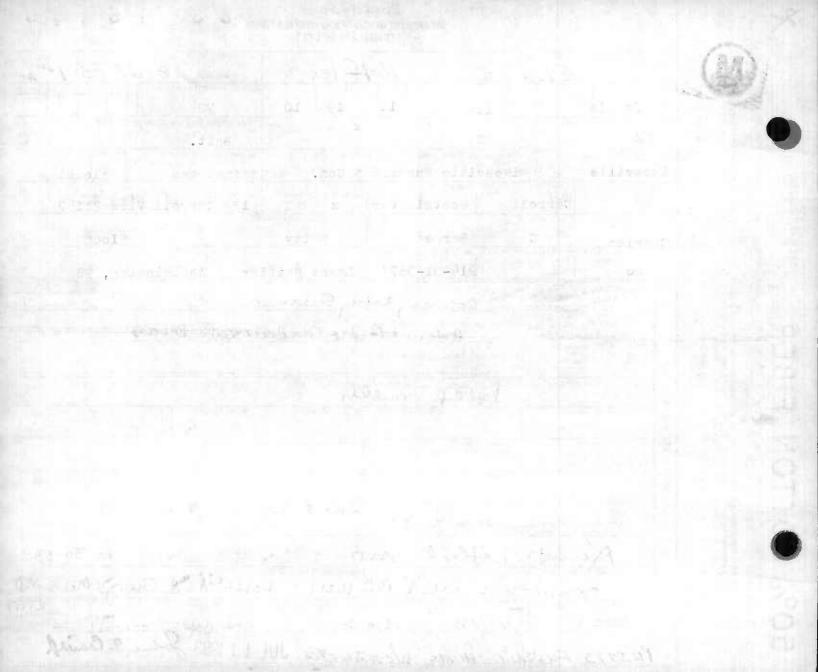
Q	1	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	HYGIENE 8 3	15449
o 7 po	(TY	PE OR PRINT) HOLEN	TA Mal	HADEN	2a. DATE OF DEATH	6 27 83 1/37 AM
oge 4 moy	3. 5	Ecuali	Black.	5. DATE OF BIRTH MONTH DAY SEAR 2 4 3/	6 AGE (IN YEARS LAST OF	MONTHS DATS HOURS MIN.
deoth. Poge	70	BIRTHPLACE STATE OF FOREIGN COUNTRY) N.C.	76. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED WIDOWED DIVORCED	JIR It	ere of MD.
offer the f d wit	36 10.5	Baltinerl	University	of Maryland Hospi	120 USUAL OCCUPATION OF SHOP LEADE	IZD. KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 21201 cate be executed within 24 hours in yield on and completely filled in by opers. Pages 1 and 2 should be file int, the medical examiner must be file.	3 130	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU		TIMOYP YES NO 1	1606 N	. Ellamont 312154
E, MARYL completely 1 and 2 sl	C	ATHER'S NAME FIRST	MIDDLE	15. MOTHER'S MAIDEN FIRST PARK	EV MIDDLE	Williams
ALTIMORE. The be executed and and and and and and and and and an	160.	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? IVE WAR OR DATES)	L SECURITY NO. 17 INFORMANT MEYN,	ADDR	
1 W. PRESTON ST., hat the death certificate by the attending phase remove corbang of, cremation, or remainer traumatic ever		PART I. DEATH WAS CAUSI JAMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF		BETWEEN ONSET AND DEATH
RECORDS, 20 e low requires than n. tos been signed permit. Then ple ne prior to burio ws ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT	Passibly	IG TO DEATH BUT NOT RELATED TO THE TE ASTHMA WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ON OF VITAL TYSICIAN: The ding physician is certificate h burial-transit p Mental Hygier or frem 18 shay	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONT	H DAY YEAR	VES NO	YES NO
DIVISION NG PHY after this as the but though when do	MED	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE FARM, ETC.) 211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
AL OR ATTENDI the hospital or AL DIRECTOR: A eroched for use to Dept. of Heal		226 SIGNATURE	Dalh A	DEGREE ATTENDING PHYSICIAN	G _ MEDICAL _ STA	
HOS bined Or FUN ould b		Lawrence	Goldkind	mb ZZ & G	veene St.	Balt md
PP		BURIAL, CREMATION, REMOVAI	236. DATE 7-2-83	1230 NAME OF CEMETERY OR CREMATOR ARBUTUS MEM. PK.	RY 23d LOCATION CITY OR TOWN	RE MARYLAND
DHMH - 16 50M 4/82 (VRA 15, 4)	24	FUNERAL DIRECTOR PHILLIP	S 1721 N. M	250.	ON 28 1983	M GISTRAR'S SIGNATURE



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. N	10.	3	3 0
	I DE	CEASED NAME FIRST	VA M	AIDDLE	HA	fler	20 DATE OF DEATH	MONTH DAY	5 83 2b	HOUR
-	1.5E	female	4 RACE Whit	е	5. DATE O	DE BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF U		UNDER 24 HRS DURS MIN.
5		RTHPLACE (STATE OR FOREIGN	US	77	MARRIE					MD.
0	Pil	ITY OR TOWN OF DEATH Cesville	Pikesv	ille Nu	er ADDRESS)	& Con.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Seamstres	OF WORKING LIFE)	126 KIND OF BI INDUSTRY cloth	
35	134.5		unty roll	130. CITY OR TO Westmi	WN	13d. INSIDE CITY LIMITS? YES X NO []	13e STREET ADDRESS 122 Carr	oll Vie	w 2115	7
60	C)	ATHER'S NAME FIRST	C	Barnes		Daisy	WIDDLE		Bloom	
2		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SEC 214-01-		Layne Haif	ley Wes	tminste	APPROXIMAT	
5	CERTIFICATION	cause Ia1, stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	T CONDITIONS CO	alify	DEATH BUT	NOT RELATED TO THE TER/	20a AUTOPSY?	206 IF YES, W	ERE FINDINGS	DEATH?
9	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETIMER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF	DEATH HOUR A.I	M. MONTH M. OF INJURY	19	211. LOCATION	RRED (ENTER NATURE OF INIT			STATE
	W	white NOT white 220-1 certify that (1) (this has saw the deceased alive obove, (1) (we) (did) (did 22b, SIGNATURE	spital) attended the	me 15 10	\$3 , ar	Ture 15 19 83 and that in (my) (our) apinion	, to, to	19. 19. late and haur ar	83, that and fram the cau	(I) (we) last ses stated NED
1		22d. PHYSICIAN'S NAME (TYP	e OR PRINT)	-Glic	x ma	22e ADDRESS	MEDICAL STA DIRECTOR PHYSIC		16-30	
		BURIAL, CREMATION, REMOV.	23b DATE 6/27			emetery or crematory	LINWOOD		YINUO	STATE nd
	24 FU	UNERAL DIRECTOR		HOME,	1	Fustal JU	TE REC'D. BY REGISTRAN	REGISTRAI		ef

DHMH - 16 50M 1/B1 (VRA 15, 4)



}	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	
ny be alenth		CEASED NAME FIRST	LA BACE A S DATE OF BIDTH	20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR CONTROL OF DEATH MONTH DAY YEAR 2b. HOUR A SEE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Page 4 may		male	Black MONTH SAY 18	72 YRS. MONTHS DAYS HOURS MIN.
death. P.		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRI WIDOWED DIVORC	ED C CFG ME
by the f	1	Bathwente	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
124 hour filled in could be		AL RESIDENCE (IF NURSING HOME C	alt. Dalt YES NO	1 1/20 Balle Ave.
camplet in 1 and 2 st	14. F/	THER'S NAME FIRST JOHN	MIDDLE HAST LEY 15. MOTHER'S MAIL FIRST	ANNAH MIDOTED. Nice
on and ca		VAS DECEASED EVER IN U.S. A	RMED FORCES? 168, SOCIAL SECURITY NO. 17. INFORMANT. UNE WAR OF DATES! 544 22 04 12	Wart - H. Powell 4120 Belle Ave.
equires that the death certificate in signed by the attending physic. Then please remove carbonapape is to busial, cremation, or removal, injury, or ather traumatic event, the	NO	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0:
n. nos beer permit. ne prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
PHYSICIAN: The ending physicia physicia this certificate be burial-transit and Meerial Hygie d ar item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH DAY YEAR P.M. 19	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
ING PHYSIC r attending ther this cer as the buriouth and Meni arked or the arked or the contract of the contra	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
R ATTENDING hospital or oth RECTOR: After ned for use as the psp. of Health a tem 21 is market		saw the deceased alive a	oital) attended the deceased from (P)	opinion death occurred on the date and hour and from the causes stated
Che Che		22b. SIGNATURE	DEGREE ATTEN PHYS	IDING MEDICAL STAFF
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State I (MPPORTANT: II)		22d PHYSICIAN'S NAME TY	hell M.D.	Sinai Hospital
BP		BURIAL, CREMATION, REMOVA	1236. DATE 236. NAME OF CEMETERY OR CREM 16/13/83 KING Mem	PARK RANDAILISTOUN, MITA.
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	UNERAL DIRECTOR AMES A MORT	ron Jons 1701 Laurens	JUN 15 1983 Alban & Caball

Cook Hausey Hausey . Neces Rux 1 of Glas Kins How Park Knowledt Tolera Mitte the state of the same of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN FIRST DECEASED NAME 2b. HOUR (TYPE OR PRINT) OF ESTI-Mary 6 19 83 Agnes Hall 4. RACE . DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED emale White DEAD August30,1936 46 YRS 74 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Baltimore City O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore University Hospital Health coordinator Education SUAL RESIDENCE (IF IN NURSING JOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30 STATE HIS COUNTY 13(. CITY OR TOWN T. PAGES LAND 2 SHOURD DIVISION OF VITAL RECORD 13e STREET ADDRESS 3a STATE 3d. INSIDE CITY LIMITS? Dorchester 904 Talisman Lane Cambridge NO [] Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AGES 1, DRM PM MIDDLE MIDDLE Bramble Elizabeth Marine Joseph 17. INFORMANT 166. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 220-32-9034 Donald Hall, same as 13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Traumatic injuries with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AER: THIS CER.
ICATE, WRITING TH.
E FORWARDED TO THE C.
"R. PAGE 3 SHOULD BE US
"ATE DEPARTMENT OF THE CONTROL OF T YES NO X 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 11: 15 KM. 2012-83 Driver in auto/auto impact 21e PLACE O JANUARY 21L LOCATION CITY OR TOWN Hurlock . Dorcester . Md. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEMA DIRECTOR. PAGE 3 S AFTER DBATH, WITH THE STATE DEF BATTIMORE, MARTYAND, 22201 PF THE TACTORY, FARM, ETC.) WHILE AT WORK GravelBranch & Milligan Town Rds. streex Inspection death resulted bein Homicide Undetermined monner TITLE (SPECIFY) DATE SIGNED 6/7/83 M Deputy ChiefREDICAL EXAMINER EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto. MD. 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR' 23d. LOCATION 6-9-83 Dorchester Cemetery Burial Cambridge, Dorchester, Mar BP 24. FUNERAL DIRECTOR ADDRESS 308 High Street **DHMH - 17** Curran Funeral Home (VR A15 ME (5)) Cambridge, Maryland 20M 4/B2

22 toll, Larent | 22562 else; If it was a Class without the contract

- STATE

REGISTRAR

SAME (BROTHER-IN-LAW) ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN ond that in very (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAD Baltimore Md. 24 FUNE SEMISMUNEK Funeral Home, Inc. DHMH - 16 50M 4/82 3331 Brehms Lane, Balto. Md. 21213 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

12b. KIND OF BUSINESS OR

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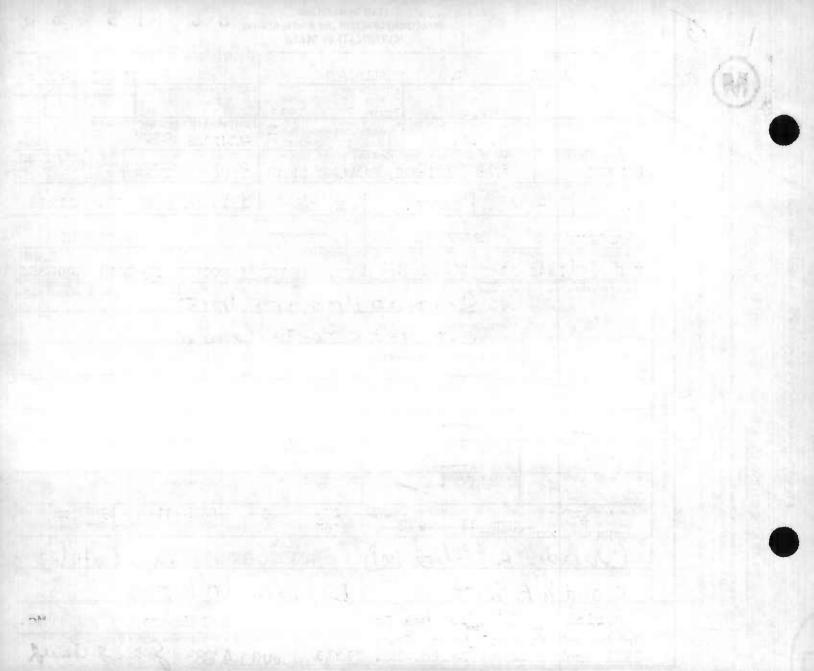
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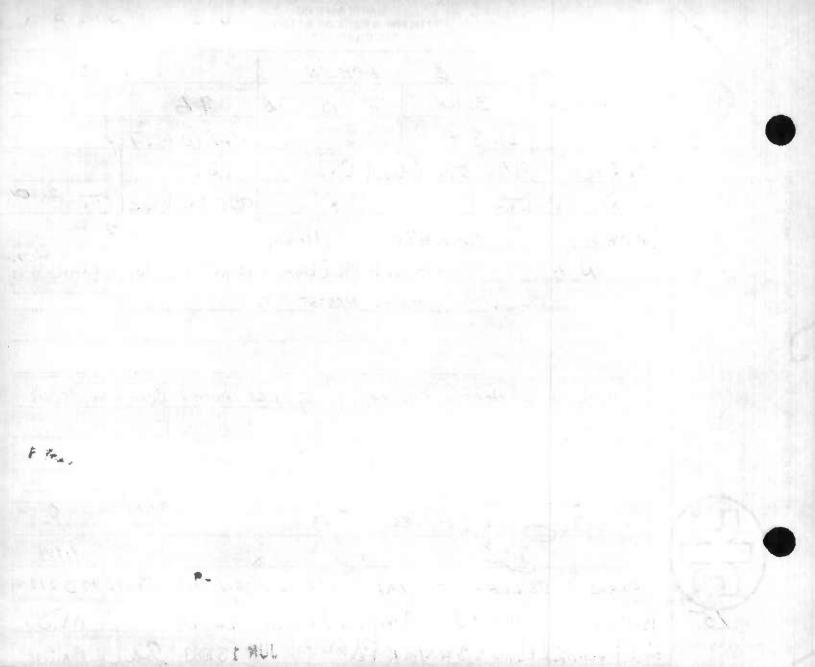
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IF UNDER 1 YEAR



7	FOR - STATE REGISTRA	R	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFIC ATE OF DEATH	GIENE 8 3	5 4 5 4
	ECEASED NA	ME FAST ETHEL	MIDALE	HAMLIN	26. DATE OF DEATH MONTH	1 83
M)	SEX.		BLACK	5. DATE OF BIRTH MONTH GAY 13 1906	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.IN.
70.	BIRTHPLACE	(STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		TY OF DEATH MD
100 la	BAK	10	9 2 S DOO	ARO CY.	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN	G LIFE) 126 KIND OF BUSINESS OR
35	M. 5	13 COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE	YES NO	131 STREET ADDRESS CLA	el (1 2/20
puo Bar	AM	5 "	Sander Sander	15. MOTHER'S MAIDEN N.	WIDDLE	. ? LAST
and de le		SED EVER IN U.S. ARA (NOWN) (IF YES, GIVE		11 INFORMANT LARGE	e Hamlin IR 11	ela Doplar Grov
ease remove corbanipapala, cremova	Condition gave rise cause (c underlyin	DEATH WAS CAUSED IMMEDIATE s, if any, which to to immediate to stating the g cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
not Them pl		THER SIGNIFICANT CO	- AORTIC AND	DEATH BUT NOT RELATED TO THE TER LURYSM possibly infection OPERATION WAS PERFORMED	ANEMIA - GRA	YES, WERE FINDINGS USED
Hygiene prior to il shows ony injui	21a. ACCIDE	NT WAS UNDERLYING	21b. TIME OF INJURY		YES NOW IN CE	YES NO
of Avertal P	00 00112010	UTING CAUSE OF DEAT NOTIFY MEDICAL EXAMINER) Y OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION	CITY OR TOWN	COUNTY STATE
marked	AT WORK	NOT WHILE AT WORK	(ATHOME, STREET, FACTORY, OFFICE, F.	ARM. ETC.) STREET	5/1	E/923 , that 10 (we) lost
hed for u ept. of He hom 21 h	saw t	he deceased alive on , (I) (we) (did) (aid not	View the bady after death.	DEGREE	n death accurred an the date and	haur and fram the causes stated 22c. DATE SIGNED
the State D RTANT =		CIAN'S NAME (TYPE OR		22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	6/1/83
WPO W	BURIAL, CRE	MATION, REMOVAL	13b. DAJE - 87 131	IAME OF CEMETERY OF CREMATORY		COUNTY AN STATE
50M 4/82 5, 41	FUNERAL DIR	ECTOR CALL	Jome 5 200 Agory of	12/2/2/2 250. DA	TE REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	160	ni.	es.	商	ఱ	ゆ
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	3	H	9	5	3	3
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAYING NEW	execute the certificate, writing the word "Pending" in Pencil in ITEM 18. Give Pages 1, 2, and 3 to the Market	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGES	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BETHLEN	AFTER DEATH, WITH THE STATE DEPARJMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WIM RECORDS, 2017	BARDMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
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20M 4/B2

	CEASED NAME OR PRINT)	E FIRST		WIDDIE		I	LAST		2a D.	ATE KNO	WN W	MONTH	DAY	YEAR	2b. F
(111	E OK PRINTI	LOUIS	5	W.		H	AMMEN	. 111		ATH MA	TED	6	8 .	1983	
1. SE)		4. RACE	5. DATE OF BIR	AY YEAR	6. AGE (IN YEA		DER I YR.	IF UNDER 24	IN. PRON	OATE)	MONTH	DAY	YEAR	3
	le	White	Dec. 22	, 1964	18 YR	S.				EAD		6	8	1983	
FG N	RTHPLACE (REIGN COUNTRY)	STATE OR	76. CITIZEN OF		ITRY?			ER MARRIED	<u> </u>	LTIMORE	_	-		DEATH	
Acres 1	TY OR TOWN			OSPITAL, NU	RSING HOME	. OR OTHE		DIVORCED	a. USUAL O	Lt im	ON ITYPE	CITY OF WORK		VD OF BU	JSIN
-	Baltimo	oro /	(IF NOT IN SUC	SITV HO	TREET ADDRESS)				Stud	ent	LIFE)		OF	RINDUST	RY
USUA	RESIDENCE TATE yland	(IF IN NURSING HOME OF US COUN Balti	OR OTHER INSTITUTION	GIVE RESIDENCE			13d. INSIDE CI	TY LIMITS? 13	e. STREET A	DDRESS Tim	her1	ine	C+	212	20/
_	THER'S NAM		LINOI C	1 100	V5011		YES	R'S MAIDEN I				LITE	00.,		.0-
1	Louis		MIDDLE	Hamme	en, II		EI	nnie		C.			Bish	LAST 1	
16a V	VAS DECEASE	D EVER IN U.S. AR	MED FORCES?		IAL SECURITY		17 INFORM	ANT		A	DDRESS				
	NO, OR UNKN	(IF TES, GIVE	WAR OR GATES)	216	-94-261	4	Mr. 1	Louis W	V. Ham	men,	II,	sam	e as	#13	e
	18 CAUSE C	OF DEATH (Enter an	ly ane cause per	line far (a), (b)	, and (c).)								BETV	PPROXIMAT	E IN
	GL	EATH WAS CAUSE	D BY: TE CAUSE (a)	Gunsh	ot wour	nd of	head	(rifle	e)						
	70	3 2		OR AS A CON											
		ans, if any, which													
		ise to immediate a) stating the under-		OR AS A CON	ISEQUENCE O	OF.							_		
	lying ca	use last.													
	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATN BUT NOT RELA	TED TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART I	101.						=
MEDICAL CERTIFICATION															
CAT	190 DATE O	FOPERATION	19b. CON	DITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 A	AD (ŽN
RTIF		ALCANISE MAS				Tax							,	YES 🔀	1
CE	21a. EXTERN	AL CAUSE WAS		OF INJURY A.M. MONTH	DAY YEAR			OCCURRED (OF INJURY I	N ITEM 18 PA	ART I OR PA	ART 2)		
CA	CONTRIBUT	ING CAUSE OF			7- 1983			flicted	d					9.77	
AED	21d INJURY WHILE		STREET	CE OF INJURY FACTORY, FARM, E			TATION TREET		CITY	OR TOWN		co	YTAUC		
2	AT WORK	NOT WHILE	X	home				berline			son,		Balto	ο.	
	220 1000	ofy that I taak charg	ne of the removar	described abo	ve held on	Hea	drunt		7	luiry [000	in my a	Dillion		
	death resul	142.7	ral causes .	Accident		icide X	Hamic		Undetermini	,		my d	Pillian		
	death resul	rea fram: Natu	rai causes	Accident		icide LZN			Undetermini	a manne	,				
	ACTUAL	DA.	12	X			TITLE (S					DATE	6	-9-8	z
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	SIGNATURE	AIV	0												
	EXAMINER'S	NAME Ann	M. Dixo	on, M.D	•	/	ADDRESS 1	11 Peni	n St.,	Bal	to.,	Md.	21	201	
23a.8	EXAMINER'S (TYPE OR PR	ATION, REMOVAL		23c. 1	NAME OF CEA	AETERY OF	RCREMATO	11 Peni	23d. LOCATI	ON O		COU	INTY	5	ATE

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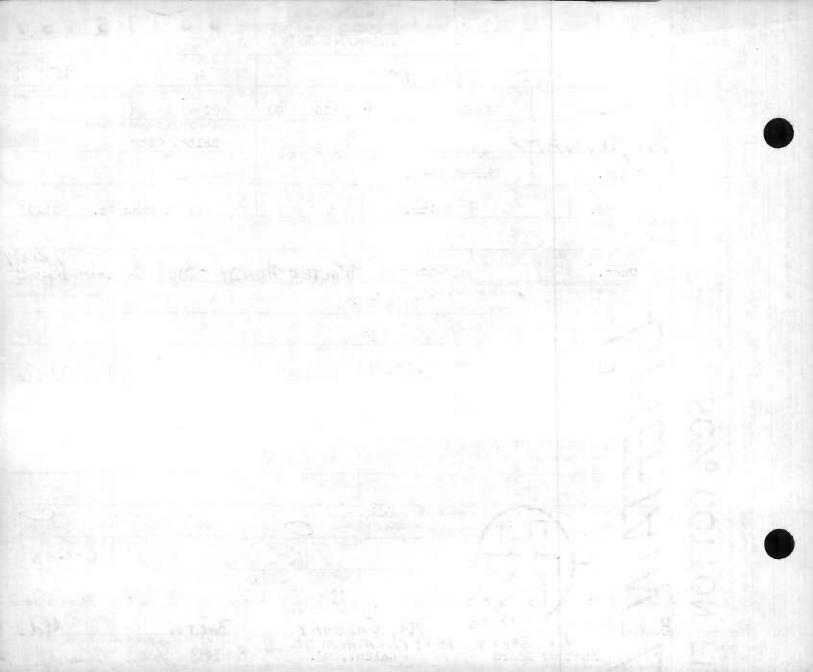
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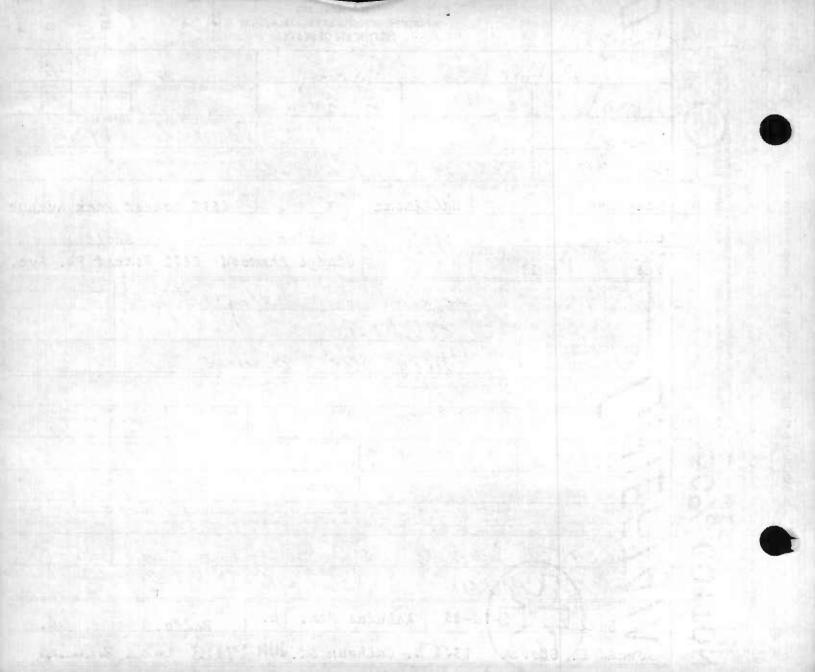
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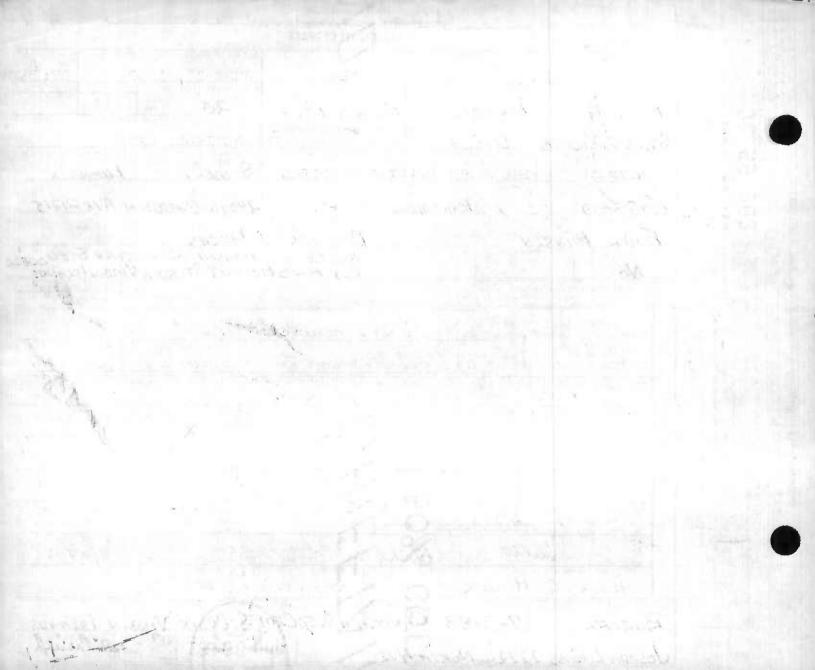
	1	FOR STATE REGISTRAR			T OF HEA	OF MARYLAND OLTH AND MENTAL HYG ATE OF DEATH	REG. NO	15	457
m £		PECEASED NAME FIRST	NNIE	MIDDLE	LAST		JUNE 3, 19		9:20 AM.
deo deo	2.0		4 RACE		DATE OF I	DIDTU	6. AGE (IN YEARS LAST BIRT		M
director.	3. S	Female	Bla		MONTH 9	DAY YEAR OO	82	MONTHS DA	
72 6	3 1º	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF		MARRIED (IDOWED)	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		MD.
by the fun	4 10.	CITY OF OWN OF DEATH Balto.		HOSPITAL, NURSING H CH FACILITY, GIVE STREET ADDR Ch Hosp.	IOME OR		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemaker	ON 12b. KIN EWORKING LIFE) INDUST	D OF BUSINESS OR
filled in to ould be f	5 US	UAL RESIDENCE (IF NURSING HOM STATE 13b. CC	EOR OTHER INSTITUTION OUNTY	136. CITY OR TOWN Balto.	113	3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 601 S	. Chas St.	21230
ond 2 sh	114	FATHER'S NAME FIRST	MIDDLE	LAST	15	5. MOTHER'S MAIDEN NA FIRST	ME		LAST
Poges 1	1 160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) UNKN.	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECURITY 217-32-911		WALTER HE	NDY -380		21207 Shane
no been signed by the ottendin permit. Then picese remove corbine prior to buriol, cremotion, or we ony injury, or other froumotic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAT	DUE TO, C		SCULA	R ACCIDENT (DITION GIVEN IN PAR 206. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED
certificate h riol-transit entol Hygie frem 18 sho	40	OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH DAY	YEAR	21c. HOW INJURY OCCUR			
the buriol-t ond Mentol ced or Item	MEDICAL	WO! WHILE	21e. PLACE	P.M. E OF INJURY TREET, FACTORY, OFFICE, FARM.		THE LOCATION STREET	CITY OR TO	NN COUNTY	STATE
TO FUNERAL DIRECTOR: After should be detoched for use or with the State Dept. of Health IMPORTANT: If them 21 is morth		220. I certify that (I) as he sow the deceased give obove, (I) and Idio (Idio 22b. SIGNATURE 22d. PHYSICIAN'S NAME (T	on JUNE d not) view the bod PE OR PRINT	y ofter death.	DE	22e ADDRESS CHUF	MEDICAL STAP DIRECTOR PHYSIC	te and hour and from 22c. D.	the couses stored ATE SIGNED
Show Show	22	MURARI BIJP			AE OF CE		BROADWAY, BA	LIIMORE, M	D 21231
	B	BURIAL, CREMATION, REMOVE (SPECIFY) Removal	6/6/8	13 M.t.	CA	LUARY	BALTU.	COUNTY	Md
MH - 16 50M 4/82	24	FUNERAL DIRECTOR V, R		1348 N	CAL	Houn St. 250, Pg	REC'D. BY REGISTRAR	255 REGISTRAR'S SIGN	NATURE



-60	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE O O	15458
e to		CEASED NAME FIRST	MIDDLE	+	andu	20. DATE OF DEATH MONTH	15-83 439 M
ge 4 mo)	3 SE	male	RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) YR:	MONTHS DAYS HOURS MIN
deoth. Po	M	ORES QUE	CITIZEN OF WHAT COUNTR	MARRIE		BALTIMORE CITY OR COUN	CITY MD
rs ofter o	B/	HATIMORECITY	1. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND/OF BUSINESS OR INDUSTRY
hin 24 hau Ily filled in shauld be	130 S	AL RESIDENCE LIFNURSING HOME ORD STATE 136 COUNT Aryland	other institution, give residence bef Y 13c CITY OR TO Balti	WN	136 INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 2612 Fore	st Park Avenue
ted withis	W	ilter	IDDLE LAST Hand		15 MOTHER'S MAIDEN NAME FIRST RUSINA	MIDDLE	Scott
be execu		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE W UWI	VAR OR DATES)	CURITY NO.	Gladys Arm	wood 2612 F	orest Pk. Ave.
rtificate a physicie an paper emaval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY. ILD ON	10 C	Encepha	lopathy	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne deoth cer e attending imove carbo matian, ar re		Conditions, if ony, which	DUE TO, OR AS A CONSECU	The .	sis !		
by th		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF OF	lie al	Ruse	
signer plant	NOI	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
AN: The low re hysicion. Icote hos been ronsit permit. Hygiene prior 18 shows ony ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
NG PHYSICIAN: The low reconstruction. offenthis certificate has been as the buriel-franst permit. The and Mental Hygiene prior in arked or them 18 shows only in an arked or them 18 shows only in a shows only in a shown on		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR		RED JENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2]
NG PHYS	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI Spital or CTOR: A for use of Heat		220.1 certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did not)	6-15 19	0	nd that in (my) (our) apinion o	death accurred on the date and	hour and from the causes stated
SPITAL OR A d by the hos NE detached DIREC be detached e Store Dept. TANT: If them		Sher Afzlu	l Hashnij	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6-15-1983
TO HOSPITAL retoined by the TO FUNERAL should be detained with the Store IMPORTANT:		SHER APZAL	HASHM!		2500 LIBE	EKTY HETGHTS	ALEKEE
BP	230	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 5 - 1 8 - 8 3	Arbut	EMETERY OR CREMATORY US Mem. Pk.	236 LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 7/77 (VR A 15 (4))		uneral director paneld E. Blow	ver 1348 N	. cal	houn St. JUN	171983	ISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) HANSEN 1983 EARL TUNE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 4. RACE 5 DATE OF BIRTH YEAR B 9. BALTIMORE CITY OR COUNTY OF DEATH (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED DIVORCED T BALTIMORE CITY WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY THE JOHNS HOPKINS HOSPITAL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 000 2404W. GARRISON AUE 21215 YES NO PAKTIMORE 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST PANELS HONE GT STCROIX VIRGINISLANDS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ELECTROMECHANICH DISSULATION OF THE HORT 2-574INS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SEPPRE LAUTIE ACIDOSIS. Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF GRAFT VS HOST DISCAPE FOLLOWING BONEMARROW TRANSPANTARION underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES 710. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE FITHER NOTIFY MEDICAL EXAMINER PM 19 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY STATE CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. , and that in (my) (aur) opinion death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 226. SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should by IMPORT/ Johns hopking tosfith 23¢ NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23b. DATE BP/006 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 OSEPH L. RUSS 2272 W. NORTH AVE (VRA 15, 4)



6	1-	FOR STATE REGISTRAR	DEI	PARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYO CATE OF DEATH	GIENE 8 3	15460
m #		CEASED NAME FIRST OR PRINT)	MIDDLE	LLAG	SFORD	20. DATE OF DEATH	MONTH DAY YEAR 76. HOUR
0.00	3. SEX		4. RACE	5. DATE OF		6. AGE TIN YEARS LAST BIRT	
(原則)		Male	Cauc.	2	2 1905	78	YRS.
Cyline The	7a. 81	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUL	MARRIED	NEVER MARRIED		R COUNTY OF DEATH
within within	10 CI	Kentucky TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N			Baltimor	ON 126. KIND OF BUSINESS O
by the		Baltimore	(IF NOT IN SUCH FACILITY, GIVE Mercy/Ho			Engineer	
must be	13e. S	AL RESIDENCE (IF NURSING HOME OF TATE 136. COUR	ROTHER INSTITUTION, GIVE RESIDENCE NTY 134, CITY OF	E BEFORE ADMISSION)	13d INSIDECITY LIMITS? YES NO	13e. STREET ADDRESS 3402 Lev	21324
d 2 sho		THER'S NAME FIRST	MIDDLE LA	ST	15. MOTHER'S MAIDEN NA		LAST
0 -	14. 1	Frank VAS DECEASED EVER IN U.S. AR	Hansf		Matilda Watilda	ADDRE	Turbin
Poges medica		(IF YES, GIT	VE WAR OR DATES!				
rs. P	-	NO 18. CAUSE OF DEATH (Enter or		07-8179	Ulga Hans	iora 3402	Leverton Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ing phys		PART I. DEATH WAS CAUSE	TE CAUSE (0) Ven-	trevla	- Arryth	ma	
ove co		Conditions, if any, which	DUE TO, OR AS A CON	DINCEOL	y Faclus	-e	
by the asserement, cremo		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CON	- / \	tructive 1.	almorary	Disease
signed hen ple to burio ijury, ar	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 110
t permit. I ene prior ows any ir	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
certificate has		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
the burned Me	MEDICAL	21d. INJURY OCCURRED	210 PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
se as eaith mort		220.1 certify that (I) (this hosp	ital) attended the deceased		Cle 19 B		19_83, that (I) (we) los
for of H			ot view the body after death.	19 8 3 , and	that (our) opinion	death occurred on the do	ate and hour and from the causes stated
DiRE Dept Dept		27b. SIGNATURE	110		ATTENDING	MEDICAL _ STAF	22c. DATE SIGNED
		Kichard	LUHRICU		PHYSICIAN [DIRECTOR PHYSIC	1ANKO (6/19/8-)
Sign	1	774 PHYSICIAN'S NAME (TYPE	DR PRINT)				
D FUNERA		122d. PHYSICIAN'S NAME (TYPE O	UNTHIC		WERCY	HOSPITA	
TO FUNERA should be de with the Stot		RICHARO (- LISTHIC	ou		23d. LOCATION CITY OR TOWN	COUNTY STATE
TO FUNERAL should be deto with the Stote	(RICHARO (- UNTHIC	23t NAME OF CE	METERY OR CREMATORY Lawn Cem	23d. LOCATION CITY OR TOWN	

wile 570, 2 2 30% 98 A SET THE PARK THE SET OF THE SET . Att. TOTAL SAME X SAME TALES OF A CO. suchi 6/22/63 (near dwn Ja. of the state of Miles Come and Come and Company of the Company of t ATEMBING PRESIDENCE AND The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be begind a catending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physican and consisted to the corbon poper. Pages 1 with the state busis of Health and Mental Hypers print to buriol, cremotion, or removal. IMPORTANT, If hem 21 is marked as them 18 shoes do jinjury, or other troumotic event, the medical

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

	1 -	FOR - STATE REGISTRAR	DEPARTM	CERTIFICATE OF		REG. NO.	1 2 %	0 1		
. 4		CEASED NAME FIRST STEWAY	MIDDLE	HARN	7 Apr 20.	DATE OF DEATH MONTH		25. HOUR		
1	1.5E		RACE	S. DATE OF BIRTH	15 YEAR 6 A	GE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS HOURS MIN.		
2	5	OUNTRY) PA	CITIZEN OF WHAT COUNTRY? $V519$	MARRIED NEVER	MARRIED	BALTO.	UNITY OF DEATH	MD		
1	10. CI	BALTO	1. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET A	HOSP		USUAL OCCUPATION PE OF WORK FOR MOST OF WORK		BOOM		
5		MD, B, COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE Y 13c. CITY OR TOWN ALTO RESEDE	TLE YES [NO B	STREET ADDRESS 3 MANUA	SER É	1237		
30	7	CHRISTIAN	HARMON	n	INNIE	POCH	MAN	51		
2			WAR OR DATES)	7959 TIME		ARMON .	13 PLATER			
	NOI	PART I. DEATH WAS CAUSED HOS IMMEDIATE Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.		NCE OF	D TO THE TERMINAL	DISEASE OR CONDITIO		IMATE INTERVAL ONSET AND DEATH		
2	CERTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERF		200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO				
9	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	NJURY OCCURRED	(ENTER NATURE OF INJURY IN ITE	EM 18 PART (OR PART 2)			
	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC)		CITY OR TOWN	COUNTY	STATE		
		22a.1 certify that (1) (this hospito saw the deceased alive on above, (1) (we) (did) (did not)	6/12 19	83 , and that in (my	19	to 6/1-7		that (I) (we) lost couses stated		
,		226. SIGNATURE	Ad	MD	PHYSICIAN DI	EDICAL STAFF RECTOR PHYSICIAN	22c. DATE	SIGNED		
1	02	Richard	Berrett	22e ADDRE						
	- (BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL UNERAL DIRECTOR	1 1. / 1	ELLY HIL	4	3d LOCATION CITY OF TOWN BALT E.	COUNTY	STATE		
	7	NAME CONNELL	L 300 M	ME	JUN	1 5 1983	and a	welf		

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a DATE OF DEATH 2b. HOUR LIYPE OR PRINTS 6 AGE LIN YEARS (AST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Harris 94201ESWebb PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RENATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 6/20/83 Cedar Hill Cem. Glenburnie 24 FUNERAL DIRECTOR Wm C March F/H Inc. 1101 E North Ave.

STATE OF MARYLAND

DHMH - 16 50M 1/81

(VRA 15, 4)



Wm CAMBrown Comm F/H 1206-08 W. North Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

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Baltimore, Maryland

Leonard J. Ruck, Inc.

(VRA 15, 4)

STATE OF MARYLAND

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	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	1 5	4 6 8
2 4 5 2 4 5		CEASED NAME FIRST	WIDDIE		AST	1	MONTH DAY YE	AR 2b. HOUR
poge 3		BABY	<u> </u>	ARVEY		6/5/83		10 AM
r, po	3. SE	X	4. BACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
s off	1	FEMALE	BLACK	6	5 83		YRS.	2
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lled and		BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET UNION MEMOR		OSPITAL	12a USUAL OCCUPATION		ND OF BUSINESS OR
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has by perm ene pr	IIFIC/	198. DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO NO	IN CERTIFYING CAL	
ned by the hospital or attending physicio FUNERAL DIRECTOR: After this certificate h Id be detached for use as the burial-transit the State Dept. of Health and Mental Hygie ORTANT: If hem 21 is marked or hem 18 sha	MEDICAL CERT	saw the deceased alive a	P.M. A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	83,0	211. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR CITY OR TOV	NN COUNTY IN ITEM 18 PART TORPAS	Y STATE , that (I) (we) lost
TO FUNERAL should be delivered with the State	22- (Eric V. Va		NAME OF C	Union Mer	norial Ho	ospital	
- IX		BURIAL, CREMATION, REMOVA		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	74 FI	Removal UNERAL DIRECTOR	6/9/83		I25a DAT	E REC'D. BY REGISTRAN	MEDISTRAPIS SIG	ALTURA .
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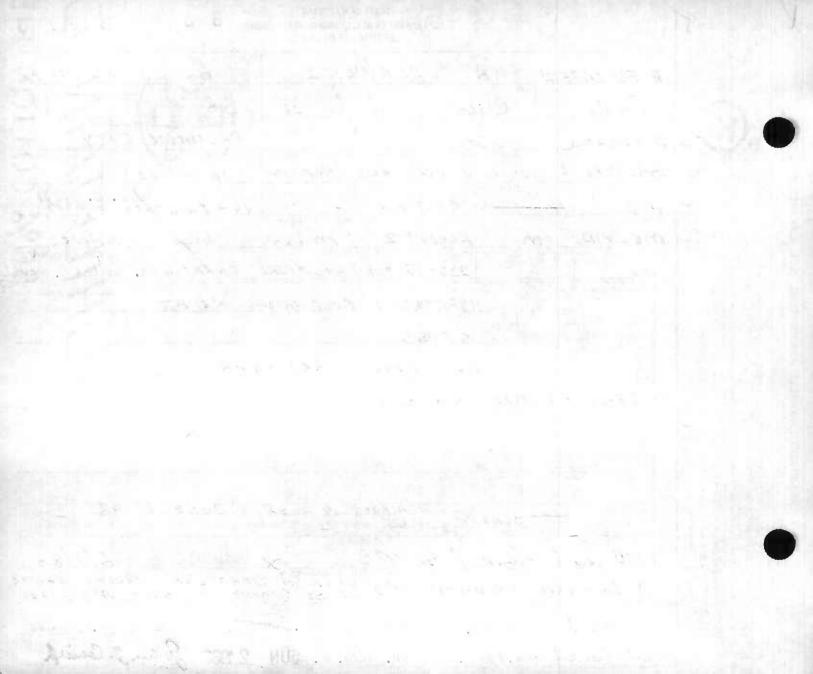
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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X	3	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 5 4 7 C CERTIFICATE OF DEATH REG. NO.
			CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	oge 3	1	ELIZABETH	A HARVILICZ 6 183 1220 PN
	ige 4 mor	3 SE		4 RACE 5. DATE OF BIRTH MONTH DAY 12 14 26 6. AGE (INYEARS LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	4. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		RTHPLACE (STATE OR FOREIGN 7 COUNTRY) 7ARYCAND	16 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BACTIMERE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BACTIMERE CITY MARRIED MIDOWED MIDOWED MARRIED MIDOWED MARRIED MIDOWED MARRIED MIDOWED MIDOWED MIDOWED MARRIED MIDOWED MIDO
102	by the filed will nowline	10 C	BALTIMBAE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNIV. OF MARY CAND HISPITAL HOUSEWIFE HOUSEWIFE
AND 213	filled in hauld be	130	MD 136 COUNT	HAMMER BALTIMIAL YES & NO 1614 PAYAPSCO STREET
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MORE	be execu	- (VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Same asabove 220-12-9108 HOSPIVAL CHARTS Mr. (harles B. Harv
05, 201 W. PRESTON ST., I	quires that the death certific signed by the attending phy hen please remove carbon pot burol, cremotion, or removingiury, or ather traumatic even	z	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (b) SEPS/S DUE TO, OR AS A CONSEQUENCE OF (c) OAT CELL CARC/NOMA CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 6
AL RECORT	low real	CERTIFICATION	PESQ UAMA	4 TIVE PSORIASIS 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)
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DIVISION	offendir offendir se the bu h and Marked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY STATE
•	(AL OR ATTENDINg the hospital or tal DIRECTOR: Al defoched for use of Dept. of Health.) If Hem 21 is ma		220.1 certify that (1) (this haspite saw the deceased alive on abave, (1) (we) (did) (did national state). SIGNATURE	ital) attended the deceased from MARCH 19, 19.82, to JUNE 19.83, that [i) (we) last JUNE 1 19.83, and that in (my) (our) opinion death occurred an the date and haur and from the causes stated to triving the bady after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
	TO HOSPITAL etoined by the TO FUNERAL should be det with the Stote MAPORTANT:		22d PHYSICIAN'S NAME (TYPE OR). MICHAEL	PRINT) 22e ADDRESS MARK AND CAMPA CENTER
	BP		SURIAL, CREMATION, REMOVAL SPECIFY Burial	June 4.1983 Meadownidge Mem. Park Howard Co. Manufard
	DHMH - 16 50M 1/B1 (VRA 15, 4)		INERAL DIRECTOR Cully Funeral Ho	21230 250. DATE REC'D. BY REGISTRAR'S REGISTRAR'S SIGNATURE



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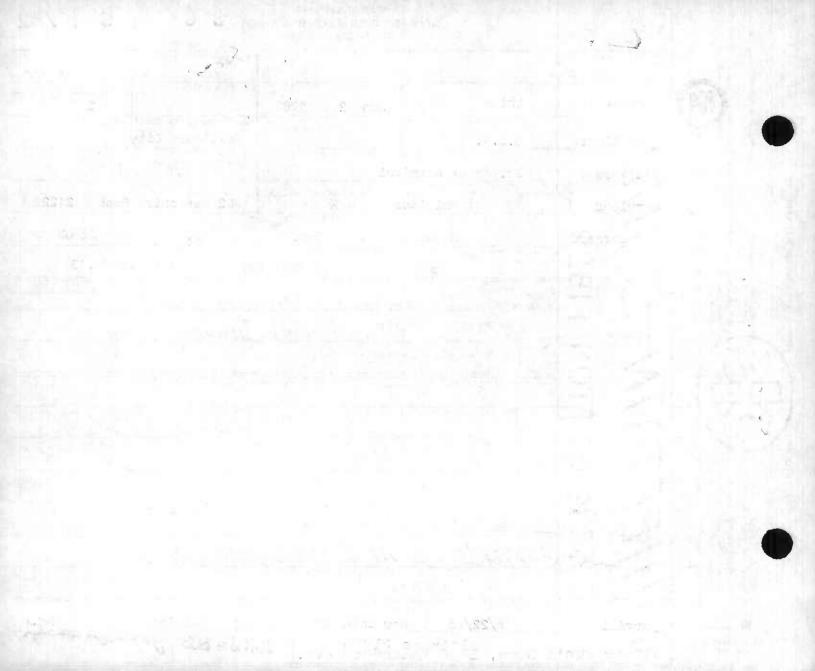
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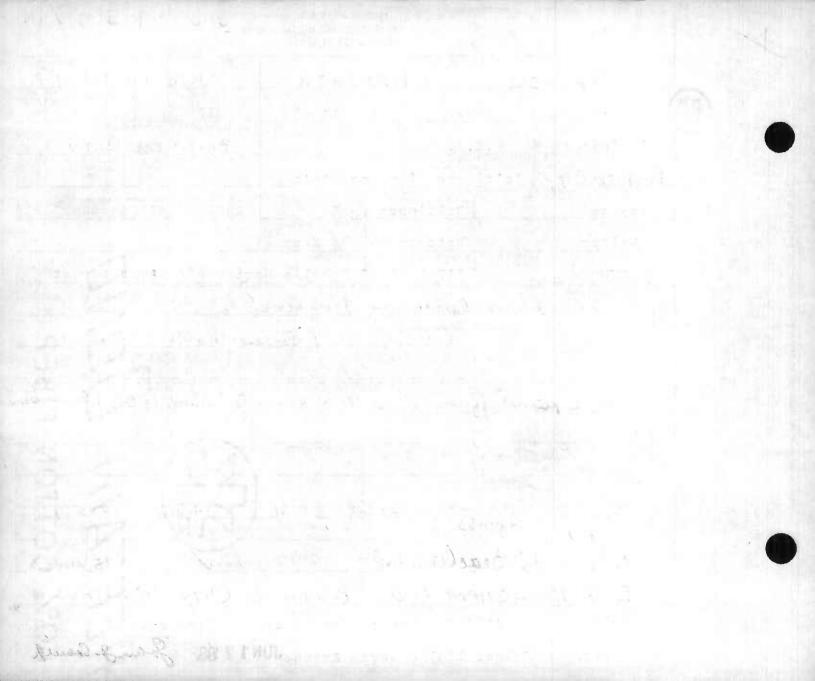
DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND

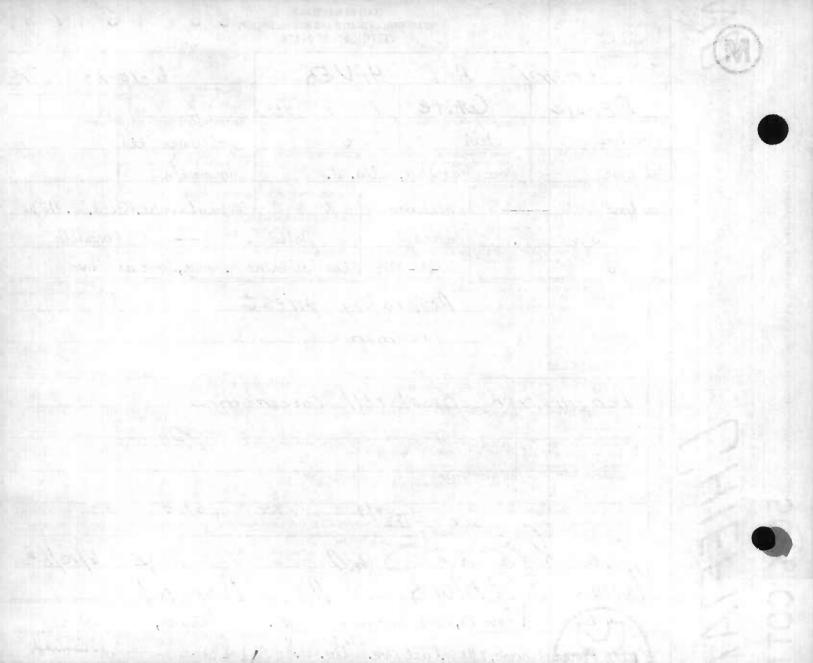


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froote tronsit 1 Hygir		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCU	YES NO RRED (ENTER NATURE OF INJURY	YES NO I
After this certifice os the burial-troolith and Mental	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE		211 LOCATION STREET	CITY OR TOW	n COUNTY STATE
RECTOR: Africa of Health tem 21 is mail		27a I certify that (K (this hospite sow the deceased alive on above, (M (we) (did) (and was	June 28, 1983, view the body after death.	June, or	2 , 19 83 and that in XX (our) opinion		$19_{-}83_{-}$, that (X (we)) the ond hour and from the causes stated
4		22b. SIGNATURE		1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	220 DATE SIGNED 6/29/8-3
200 Z		22d. PHYSICIAN'S NAME (TYPE OR			22e. ADDRESS	D DR 1	
TO FUNERAL Is should be deto with the State IMPORTANT: If		REBECCA URIAL, CREMATION, REMOVAL BURIAL	70 M / WHCK 236 DATE 7/2/83		EMETERY OR CREMATORY	kaven beva. I	Baltimore, Md 2121

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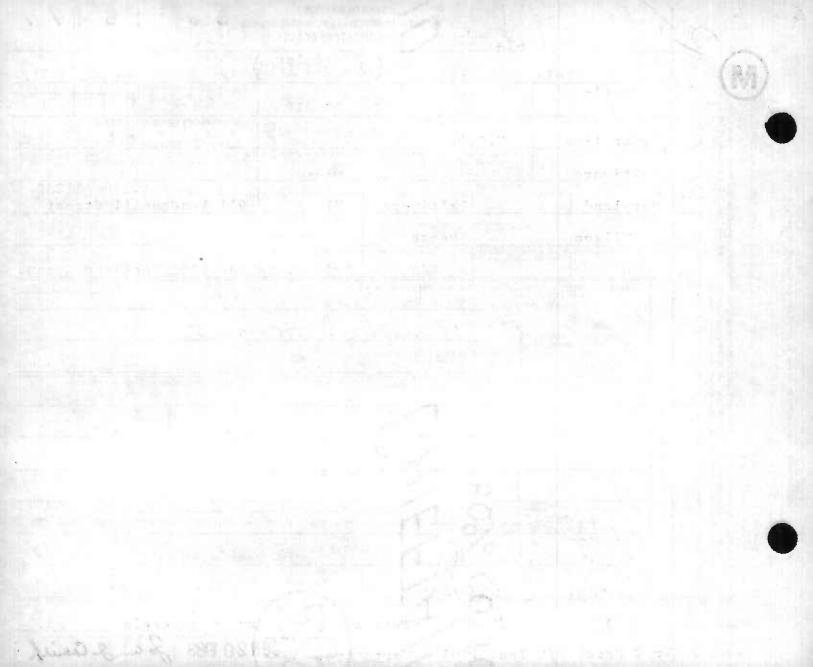
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oy by decorp		CEASED NAME FIRST EMPT	A A	HAVER	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 10-83 1030PM
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makitle ompletely ond 2 sh	14 F	AFHER'S NAME FIRST John	Middle LAST Meyers	15. MOTHER'S MAIDEN N	AME	Connolly
be execution and construction and constr			RMÉD FORCES? 166. SÓCIAL SE 220–20		ne A.Hauen, Same	as above
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or oftending physician. When this certificate has been signed by the oftending physician and completely filled in by os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than and Mental Hygiene prior to burial, cremotion, or removal. Orked or frem 18 shows any injury, or other traumatic event, the medical examiner must be no orked or frem 18 shows any injury, or other traumatic event, the medical examiner must be no orked or frem 18 shows any injury, or other traumatic event, the medical examiner must be no orked or frem 18 shows any injury, or other traumatic event, the medical examiner must be no orked or frem 18 shows any injury, or other traumatic event, the medical examiner must be no orked or frem 18 shows any injury.	7	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEC	over and and and successions and	t	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
AL RECORDS, 28 The law requires idn. The speen signer it permit. Then pl inene prior to bury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT	tion Busa	O DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b. IF	GIVEN IN PART 1(0) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
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HOSPITAL med by th FUNERAL uld be detected to the Store ORTANT, it		20 PHYSICIAN'S NAME (TYPES	ANTON SAMONY	ATTENDING PHYSICIAN The ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	2 6/10/83
BP Of the Management of the part of the pa	23a I	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	L 236/DATE 23 June 14, 1983	NAME OF CEMETERY OR CREMATORY Loudon Pank (ent.	23d LOCATION Baltimore.	Squnty land STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR	Home 130 E For	21230 250. DA	ATE REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE



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	upp.	3. SE	Male	4 RACE Bla	.ck	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 70	MONTHS DAYS HOURS
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and with	23		TY OR TOWN OF DEATH	VA MEDT	HOSPITAL, NURSING	ROME C	LTO. MD	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSING LIFE) INDUSTRY
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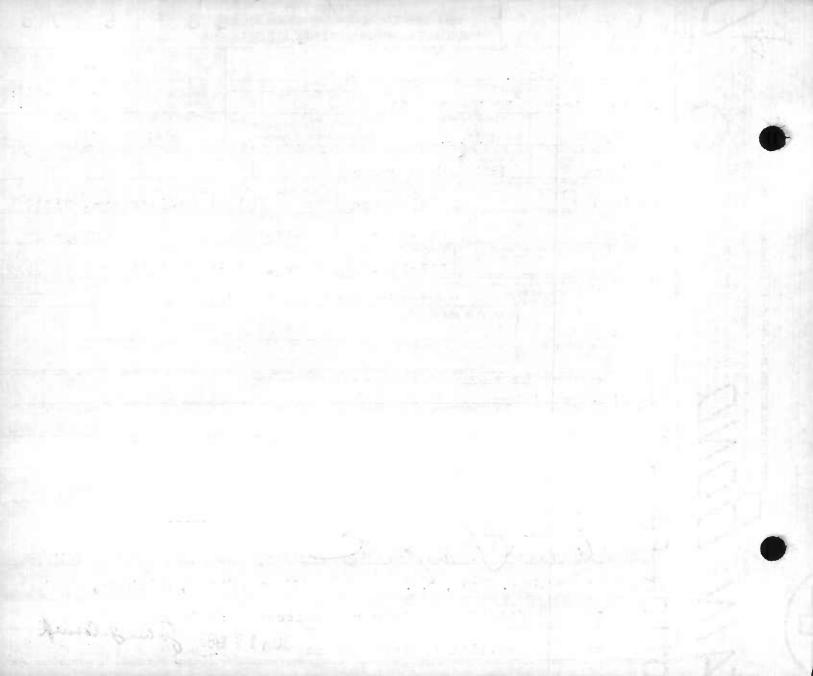
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR LOECESED NAME INCIDENCE ISSUED OF MARKED LOECESED NAME INCIDENCE ISSUED OF CONTROLLING OF MARKED LOECESED NAME INCIDENCE ISSUED OF MARKED
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FATHER'S NAME Wilson Deese Frances Middle Mi
WILSON Deese Frances 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 175 NOO UNKNOWN) 18 CAUSE OF DEATH Enter only one couse per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) DUE TO, OR AS CONSEQUENCE OF Couse (a), stating the underlying cause lost. DUE TO, OR AS CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 176. ACCIDENT WAS UNDERLYING OR COMPRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 187. INCOMPRED 188. CONDITION FOR WHICH OPERATION WAS PERFORMED 189. CONDITION FOR WHICH OPERATION WAS PERFORMED 180. ACCIDENT WAS UNDERLYING OR COMPRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 190. ALCIDENT WAS UNDERLYING OR COMPRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 191. LOCATION STREET CITY OR TOWN COUNTY STATE 191. LOCATION CITY OR TOWN CITY
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N/A Iris J. Jackson 2723 Woodland Aven IB CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c).
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196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 210 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 210 CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 210 PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STA
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ly a , and that in (my) four opinion death accurred on the date and haur and tram the causes stati
about 11 will also not vine the body after death.
DEGREE ATTENDING MEDICAL STAFF 220 DATE SIGNED
PHYSICIAN DIRECTOR PHYSICIAN COLON
220. PHYSICIAMS NAME (THE DEPONT)
Havely & Lyndes 3001 5 Honor St
230. BURIAL, CREMATION, EMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY STATE
BURIAL 6/23/83 Cedar Hill Cemetery Glenburnie Md.
Wm C March F/H Inc. 1101 E North Ave JUN20 1983



20M 4/B2

STATE OF MARYLAND



XI	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	1 5	9 7 9
	1. DECEASED NAME FIRST (TYPE OR PRINT) BETT	MIDDLE	LAST		MONTH DAY YEAR	26 HOUR
deo de	3. SEX	4 RACE	HEATH 5. DATE OF BIRTH	JUNE 18	1983	10:30M
	Female	White	Sept. 9, 1937	45	MONTHS DAY	
	70. BIRTHPLACE ISTATE ORFOREIGN COUNTRY] Tilinois	76. CITIZEN OF WHAT COUNT		BALTIMORE	R COUNTY OF DEATH	MD.
the state of the s	10 CITY OR TOWN OF DEATH BALTIMORE		RSING HOME OR OTHER INSTITUTION REET ADDRESS) IS HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Regis		OF BUSINESS OR
Albed in School	USUAL RESIDENCE (IF NURSING HOME) 130. STATE Md Ch:	OR OTHER INSTITUTION, GIVE RESIDENCE BE DUNTY 136, CITY OR TO WALL		13e. STREET ADDRESS 401 - Ur	(2060 niversity	
Section 2 th	14. FATHER'S NAME FIRST Richard	MIDDLE LAST	15 MOTHER'S MAIDEN N.	AME		AST
pote the control of co	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)		ADDRE	,	me as
equires the property of criticate or signed by the pulpop of the pulpop		DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	phus of basil	MINAL DISEASE OR CONE	DITION GIVEN IN PART	lio
The low requirement of the low records of the low requirement of the low read of the low read of the low read on the low read of the low read	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	INGS USED ES OF DEATH?
NG PHYSICIAN: TI ottending physicial for this certificate as the buriol-transit than Americal Hygin piked of them 18 shopked	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHER MEDICAL EXAM) 21d, IN JURY OCCURRED	DEATH HOUR A.M. MONTH P.M. 210 PLACE OF INJURY	19 211 LOCATION	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
R ATTENDING P hospital or other RECTOR: After the red for use as the spt. of Hostith and	224 I certify that (I) (this has saw the deceased alive	spital) attended the deceased fro		city or tow deoth occurred on the da	te and hour and from th	., that {I) (we) last the causes stated
TO HOSPITAL OF retoined by the TO FUNERAL DII should be detoch with the Stote De IMPORTANT: If It	728 PHYSICIAN'S NAME (THE KATTILE)	EN BICESFO	ATTENDING PHYSICIAN 220 ADDRESS 6000	MEDICAL STAF	IAN DX 61	18/83 BALTIKU
BP	Burial, CREMATION, REMOV.		Ft. Lincoln Cem.	Brentwo	d Prounte	MAAN
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR NaTiey's F. H		Rinier, Md. 2590	N F 2 7 1983 AF	Joans C	south:

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

REGISTRAR			CENTIL	CAILOI	PEATIT	REG	. NO.			
I. DECEASED NAME FIRS	it	MIDDLE	t	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
(TYPE OR PRINT)	M		HEAV NE	R			6	27	83	9:05
I. SEX	4. RACE	W	5. DATE C			6 AGE (IN YEARS LAS	BIRTHDAY	MON	NDER 1 YEAR	IF UNDER 24 HR
MALE	WHITE	32400	9	30°AY	155	6'	1	RS.		HOURS MI
PLACE (STATE OF FOREIG	76. CITIZEN OF	WHAT COUNTRY	? 8	NEVER	MARRIED -	9. BALTIMORE CIT	Y OR COU	NTY OF	DEATH	
Virginia	U.S	5.	WIDOWE		ONORCED 🔀	Balto	. Cit	y		
O. CITY OR TOWN OF DEATH		HOSPITAL, NURSI		R OTHER IN	STITUTION	12a. USUAL OCCUP			126. KIND C	OF BUSINESS C
Balto.	100	. Agnes				TITPE OF WORK FOR MC	31 OF WORK	10 (11)	1140001111	
SUAL RESIDENCE (# NURS 130. STATE	OUNTY	13t. CITY OR TO		136. INSIDE	CITY LIMITS?	13e. STREET ADDRES	SS			900
Md.	P-6~	Morning	side	YES 🗌	NO A	6500 Ra	ndolp	h Ro	ad (21/00
4. FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER	FIRST	ME MIDDL	E		LAS	5T
60 WAS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORM	ANT	AD	DRESS			
(YES, NO OR UNKNOWN) (IF	ES, GIVE WAR OR DATES)	578-05-4	693	Ms.	Roseman	ie Jaureg	ui K	005 ensi	Denni	is Aye.
18. CAUSE OF DEATH (En	ter only one couse pe	er line for (o), (b), o	nd (c).)		4				BETWEEN	ONSET AND DEAT
Conditions, if ony, whi gove rise to immedia cause to istaing t underlying couse la PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	ch (b) te he DUE TO, (c) (c) ANT CONDITIONS	DR AS A CONSEQUENCE ON TRIBUTING TO	DEATH BUT			200 AUTOPSY?	20b. I	F YES, W	ERE FINDI	NGS USED S OF DEATH?
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	OFDEATH		DAY YEAR	1						
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED		OF INJURY	19	211. LOCAT	IÓN					
WHILE NOT WHILE	[AT HOME, S	TREET, FACTORY, OFFICE	, FARM, ETC.)	STRE	εt	CITY O	RTOWN		COUNTY	STATE
220.1 certify that (1) (this sow the deceased of above, (1) (we) (did) (VC 181	173	3 3 . 0	1	y) (our) apinion	death occurred on th	6/9 e date and	7/19_ Haur ar	s	that (1) (we) I causes stated
22). SIGNATURE			1	DEGREE					224. DATE	SIGNED
Kaushali	usa k	· Luis	3	MI	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PHY	SICIAN	80	6	127/8
KAUSHALEO	(TYPE OR PRINT)	SINGH		220 ADDRE	155 ST.	AGNES	Ho	12	ITA.	2:
30 BURIAL, CREMATION, REM			NAME OF C	EMETERY OF	RCREMATORY	236 LOCATION			CHARLE	,
(SPECIFY) Domostro 1	7/1/9	22				CITY OR TOW	4	C	OUNTY	STATE

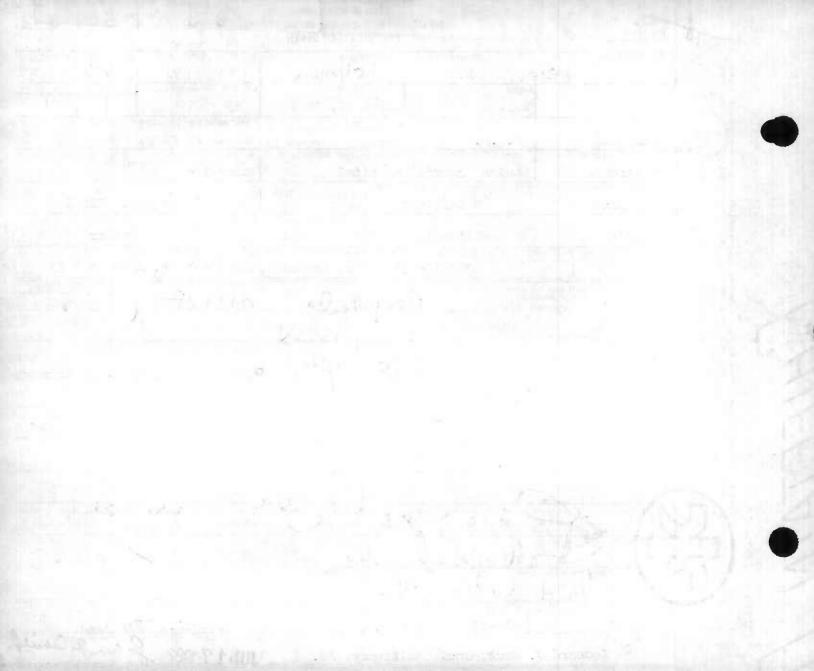
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DHMH - 16 50M 4/82 (VRA 15, 4)

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F	1.	FOR STATE REGISTRAR	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 3).	5 4 8 1
. 4 may be 	1. DE (TYP)	dward F	1. RACE PLACE	5. DATE OF MONTH	F BIRTH VEAR ON YEAR	20. DATE OF DEATH T 6. AGE (IN YEARS LAST BIRT	MONTH	YEAR 25. HOUR 83 1045 AM DER I YEAR IF UNDER 24 HPS. 15 DAYS HOURS MIN.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 C	RTHPLACE (STATE OR FOREIGN OUNTRY) MD. TY OR TOWN OF DEATH Balto.	7b. CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL, NURS JENOT IN SILCHEAGUTY, GDE SARE	WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O BALTIMOR 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O Retire	E CIT	DEATH MD. RE. KIND OF BUSINESS OR NDUSTRY
othin 24 hours tely filled in by 2 should be file other other files of the files of	13a S	AL RESIDENCE (IF NURSING HOME C TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)		130 STREET ADDRESS	INGTON :	sr 21223
BALTIMORE, MAR cote be executed w systicion and cample opers. Pages lond wol.	1	EDWALD VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES)	HT EURITY NO. 9579	17. INFORMANT Lucy I. To	ADDRE		
res that the death certificate by the attending phypleose remove carbon provincial, cremation, or remove traumatic every, ar other traumatic every.	Z	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEO DUE TO, OR AS A CONSEO DUE TO, OR AS A CONSEO (c) T CONDITIONS CONTRIBUTING TO	UENCE OF SIS		INAL DISEASE OR CON	DITION GIVEN IN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 Min ,
DIVISION OF VITAL RECORDS. NG PHYSICIAN: The law requirent this certificate hos been signs the burnof-transit permit. There the and Mental Hygiene prior to be arked or frem.	MEDICAL CERTIFICATION	19a. DATE OF OPERATION 218. ACCIDENT VAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH I	IGHT A	WAS PERFORMED LINEL PROSTAGS 216. HOW INJURY OCCURR	200 AUTOPSY? YES NO NO NEED (ENTER NATURE OF INJUR	IN CERTIFYING	RE FINDINGS USED G CAUSES OF DEATH? NO OR PART 2)
OR ATTENDI he hospital or DIRECTOR, Order for use of Dept. of Heal	MEDI	saw the deceased alive a	S. Abut	83 , and	that in (my) (aur) apinion EGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAR	ote and hour and	83, that (I) (we) lost I from the causes stated 22c DATE SIGNED 6/72/83
Bb———	24 FI	urial, cremation, remova specify) Burial ineral director	6/28/83 M	laryla	1 1 1	E REC'D. BY REGISTRAR	ville	UNITY STATE AA - Md. S SIGNATURE
BP DHMH - 16 50M 4/82 (VRA 15, 4)	24 FI	Burial JNERAL DIRECTOR	6/28/83 M		25a. DAT	m Crowns	ville	AA Md

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10/1	- S	OR STATE REGISTRAR		MI	EDICAL	EXAMIN					_		NO.			
		EASED NAME ORPRINT)	Sarah	A1	verta			Heimil	ler	20	OF DEATH	KNOWN ESTI- MATED		20	YEAR 1983	2ъ НС
1	SEX fe	male	white	5. DATE OF BIRTH MONTH DAY 12 31	YEAR 36	6 AGE (IN YI		HS DAYS	IF UNDER		c. DAT RONOU DEA	INCED	MONT	70		7:4
30	o BIR	THPLACE (STATE OF COUNTRY)	OR	76. CITIZEN OF V	VHAT COU		I a	VED NE	VER MARRI	ED 🔠		MORE CIT	Y OR COU			
0 10		Y OR TOWN OF Baltimor		11. NAME OF HO	ACILITY, GIVE			HER INSTITU	TION	FOR MO	AL OCCI	UPATION ORKING LIFE)	(TYPE OF WOR	12h K	IND OF B OR INDUST facto	TRY
130	SUAI	RESIDENCE (IF	N NURSING HOME	OR OTHER INSTITUTION.	GIVE RESIDENC	e BEFORE ADMISS Y OR TOWN 1 timor	ION)	13d INSIDE C	NO [13e STREI	ET ADDR	RESS Creem	ont R	_	21	1229
14		Her's NAME		MIDDLE	Heim	iller		F	R'S MAIDE IRST Lverts			MIDDLE		Har	tman	
16:	(YE	AS DECEASED E S, NO. OR UNKNOWN NO	VER IN U.S. AR) (IF YES, GIVE	MED FORCES? WAR OR DATES)		0-32-88		Kathe	erine	Lett	0 2	ADDR 22 N.	Tree:	mont	Rd.	212
	NC	gave rise couse (a) str lying couse		(b)		NSEQUENCE		E DR CONDITIO	N GIVEN IN PAI	RT 1 to						
7	CERTIFICATION	190. DATE OF O	PERATION	196. CONE	ITION FOR	WHICH OPE	RATION V	AS PERFOR	MED?					20	AUTOPSY YES XX	
	CAL CER	210. EXTERNAL (UNDERLYING CONTRIBUTING	OR	1	M. MONTH	DAY YEA		OW INJURY	OCCURRE	D LENTER NA	TURE OF I	NJURY IN ITE	A 18 PART 1 OF	PART 2)		
	MEDICAL	WHILE CAT WORK			OF INJURY CTORY, FARM,	(AT HOME, ETC.)		STREET			CITY OR TO	OWN	4.5	COUNTY		STATE
		death resulted		ge af the remains d	Accident		_Autaj	Hamic	PECIFY)	Undeter		nonner [and in my		6 /01	107
7		EXAMINER'S NA	An	n M. Dix	on, M.	.D.	^	ADDRESS_	stant	MEDIC	ST.		SIG	MD.	6/21	/85
23	30. BU	RIAL, CREMATIC Cremati	on, REMOVAL	^{23b} DATE 23 / 8	236	NAME OF CE		OR CREMATO		123d. LOC				OUNTY	Må	A ^{ATE}
		NERAL DIRECTO	neral Ho	ome, Inc.		07 Wil		Ave.	JUN P	241	183	AR OF R	EGISTRAR'	SICCA	TURE	2

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DHMH - 16 50M 1/B1 (VRA 15, 4)

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	1.	FOR STATE			DEPARTM	ENT OF I	HEALTH AND MENTAL HYG	GIENE O		15	101
		REGISTRAR				CERTII	FICATE OF DEATH	REG. N	10.	, ,	0 4
ı		CEASED NAME (ake	Henry)	MIDDLE			LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	THE		ndrew	J.		7	Helowicz	June	7	1983	11:55 M
	3. SEX		4. RACE			5 DATE	OF BIRTH	6 AGE LIN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	
		Male	Car	casian		Sept		60	YRS	MONTHS DATS	HOURS MIN.
d	7a-B11	RTHPLACE (STATE OR FO	REIGN 76 CITIZ	EN OF WHAT	COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
2		aryland	υ	. S. A		WIDOW		Baltimor	e Cit	V	MD
1	10 CI	TY OR TOWN OF DEAT	H 11. NA/	ME OF HOSPI			OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126 KIND C	OF BUSINESS OR
7	B	altimore			ospita.		en.	Laborer	OF WORKING		onal Can
	USUA 130 S	AL RESIDENCE (IF NURSIN	G HOME OF OTHER INS	TITUTION GIVE RE	SIDENCE BEFORE A	DMISSION)		4		THEOTE	Dirait Oati
1		ryland	JB COUNTY	- Ba	1timore	2	136 INSIDE CITY LIMITS?	1903 Gough	h St.	#2123	1
7		THER'S NAME					15. MOTHER'S MAIDEN NA	ME	2 000		
d		Michael	MIDDLE		Helow	CZ	Maryann	MIDDLE		Wic	odarczyk
1		VAS DECEASED EVER IN			OCIAL SECUR		17 INFORMANT	ADDR	ESS	77000	02,11
1	()	YES NO OR UNKNOWN)	WW II	ATES) 21	6-12-92	212	Anna Helowic	2 - 1903 G	nigh !	st. #21	1231
		18 CAUSE OF DEATH					1.020	.,,,,	Jugar .		IMATE INTERVAL ONSET AND DEATH
ŀ		PART I. DEATH WA	S CAUSED BY	Came	diac ar					Sudd	
		4100			CONSTRUCT	ICE OF					
1		Conditions, if ony,		Acut	CONSEQUEN	ardi	al infarction			Sudd	len
		gove rise to imme	diote								
1		underlying couse	lost.	Arter	consequen	roti	c cardiovascu	lar disease		Many	years
ı		PART 2 OTHER SIGNI	FICANT CONDITION				NOT RELATED TO THE TERM				
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	ATI	190 DATE OF OPERATION	ON 19b				ON WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED
	TIFIC							YES TO NOTE		IFYING CAUSES	OF DEATH?
	CERTIFICATION	210 ACCIDENT WAS UNDE		TIME OF INJU		5 0	21¢ HOW INJURY OCCUR				
		OR CONTRIBUTING CA	OSE OF DEATH		NONTH DAY						
1	MEDICAL	21d INJURY OCCURRE	D 21e	P.M. PLACE OF INJ		19	211 LOCATION				
	W	WHILE NOT WHILE	[]	OME STREET FAC	CTORY, OFFICE FAR	RM, ETC)	STREET	CITY OR TO	OWN	COUNTY	STATE
		22a I certify that (I) (I		ded the dece	osed from	Ju	Ty 29 . 19 80	to Sept	9.	19.82	that (t) (Xe) last
		sow the deceased obove, (1) (X+) X					nd that in (my) Xur) opinion		lote and ho		
1		22b. SIGNATURE	(did not) view th	e body offer o	deoth.		DEGREE			22c. DATE	
1		8	1. 7	0	-	200	ATTENDING	MEDICAL STA	FF		e 08,1983
1		22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT)	cen		-	22e ADDRESS	DIRECTOR PHYSI	CIAN	Jun	190,190
		S	. J. LIU	. M. D.			1900 E.Nort	hern Pkwy	Ralt	o Md	21230
+	23a. B	BURIAL, CREMATION, R				AME OF C	CEMETERY OR CREMATORY	123d LOCATION	Dait	o, nu.	21237
	4	Burial		11/83				CITY OR TOWN	- C1	COUNTY	STATE
	_	JNERAL DIRECTOR	0/	11/05	36	506	anislaus Cem.	Baltimo E REC'D BY REGISTRAR	TE CI	TDAD'S SACAL	Maryland
		orge A. Web		- T	MAZ C		n St. JU	N 0 108:	100		shell

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June 98,1983		English Son	
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John & Court	. JUN 9 198	4/11/25 20, 2011 John 2014 (19515, 2011)	Autor

	1	REGISTRAR			CERTIFICA	TE OF DEATH	REG. NO	D.	
nay be page 3 er death		CEASED NAME FIRST CHARLE	OTTE	DLE	HEMME!	TER		MONTH DAY YEAR	26. HOUR
Pagest moy	3. SE	× Female	4 RACE	hite	5. DATE OF BIR	19, 1920	6 AGE (IN YEARS LAST BIR		
eg (M) 35		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WE		8.	NEVER MARRIED I	9. BALTIMORE CITY O	R COUNTY OF DEATH	M
by the lifed the house of the desired the lifed the life desired the life		ITY OR TOWN OF DEATH BALTIMORE		SPITAL, NURSING ACILITY, GIVE STREET A MEMORIA	DDRESS)		120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Clerk	F WORKING LIFE) INDUSTE	OF BUSINESS OR
ly filled in should be f		AL RESIDENCE (IF NURSING HOME STATE 13b. COL aryland	OR OTHER INSTITUTION, GI	ve residence before a Br. CITY OR TOWN Baltim	ADMISSION)	NSIDE CITY LIMITS?	13e. STREET ADDRESS 5220 Yo	rk Rd. 212	12
completely in and 2 sh	14. FA	ATHER'S NAME FREST FREST FREST	WIDDLE	Hemme te		OTHER'S MAIDEN NA	MIDDLE	Blessing	LAST
froote be execut hysician and co papers. Pages 1 navol.		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IFYES, C	SIVE WAR OR DATES	56 SOCIAL SECUR 214-14-9		elene Hemm	ADDRE eter 3541		1213
quires that the death signed by the attenditen please remove can to burial, cremation, a liury, or other traumat	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last	DUE TO OR A	AS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	Man NCE OF A	Denia Penia RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	100
he low recon. hos been it permit. I can prior from sony in	CERTIFICATION	19a DATE OF OPERATION	196. CONDITIO	ON FOR WHICH	OPERATION WA	S PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINING CAUS	DINGS USED SES OF DEATH?
HYSICIAN: The ding physicion. is certificate ho buriel-tronsit per Mental Hygiena or frem 18 show	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	IER) P.M.	MONTH DA	Y YEAR		RED (ENTER NATURE OF INJUR	TY IN ITEM 18, PART 1 OR PART 2	?)
ING PHY or attendi as the builth and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		, FACTORY, OFFICE, FA		LOCATION	CITY OR TO	wn county	STATE
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TO HOSPITAL Cetained by the TO FUNERAL D should be detao with the State D MAPORTANT: #		220. PHYSICIAN'S NAME IN THE	E OR FRINT)	Greek BEL		ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	IANT	139/59

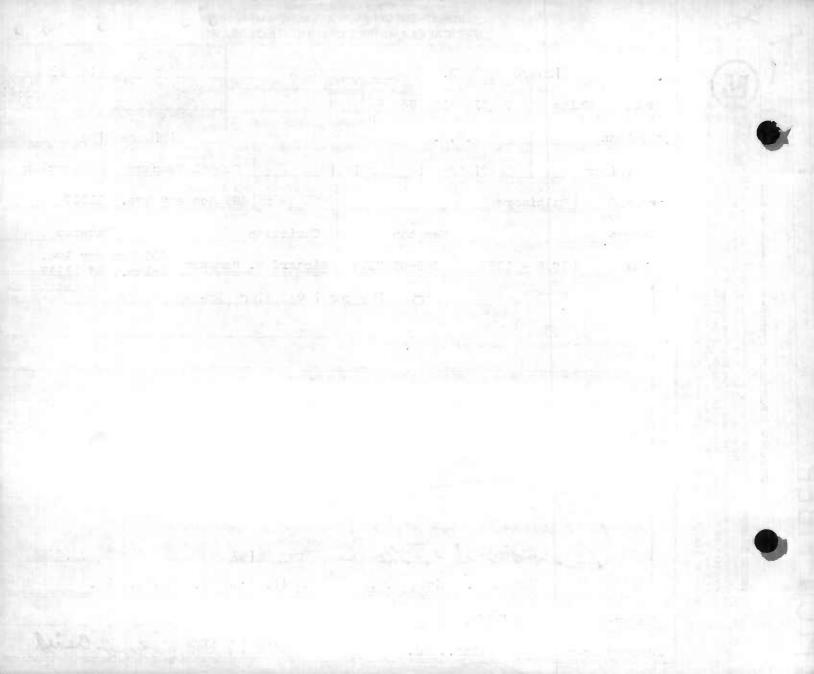
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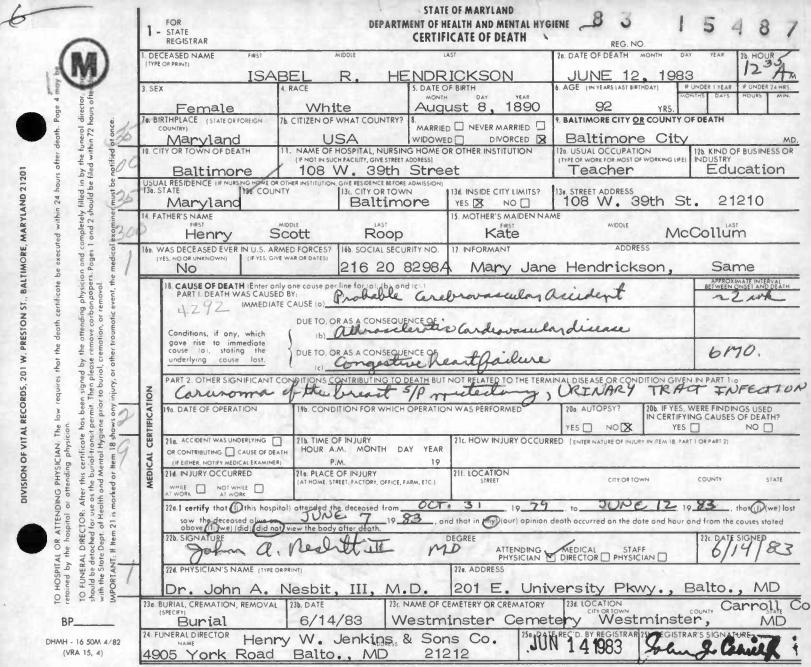
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OR ATTEN OR ATTEN DIRECTOR: sched for up Dept. of He f frem 21 is	22b. SIGNATURE	DEGREE	22¢ DATE SIGNED
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ote be execut ote be execut opers. Poges I ovol.	16a V		VE WAR OR DATES)	1AL SECURITY NO. 18 26/424	Joan Fried	lel (same as	13e)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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e & 4		PECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR A
y be	L	LARRY		TERMAN	JUNE 3, 1983	9:00 %
or, po	3. 5	EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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	200	CITY OR TOWN OF DEATH	111 NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET JOHNS HOPKIN		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Metal cleaner	126 KIND OF BUSINESS OR INDUSTRY ELECTION
	130	PA Y	unty 13c. CITY OR TOV ork Wrightsv.	READMISSION) VN 13d. INSIDE CITY LIMITS? ille YES 🛣 NO 🗌	130 STREET ADDRESS 227 Hellam St.	99999
香粉	7	FATHER'S NAME Lloyd	MIDDLE Herman	15. MOTHER'S MAIDEN N. Madelene		Gettle
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y the hos AL DIREC detached ate Dept. JT: If them		22b. SIGNATURE	Schiel	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6-3-83
TO FUNERAL should be defa		22d. PHYSICIAN'S NAME (TYPE	EORPRINT) SCHEMOUER	22e. ADDRESS Johns	Hopkins Hospita	al
P		BURIAL, CREMATION, REMOV Burial FUNERAL DIRECTOR		NAME OF CEMETERY OR CREMATORY	dens York RD # 3	COUNTY STATE Vork Co. PA
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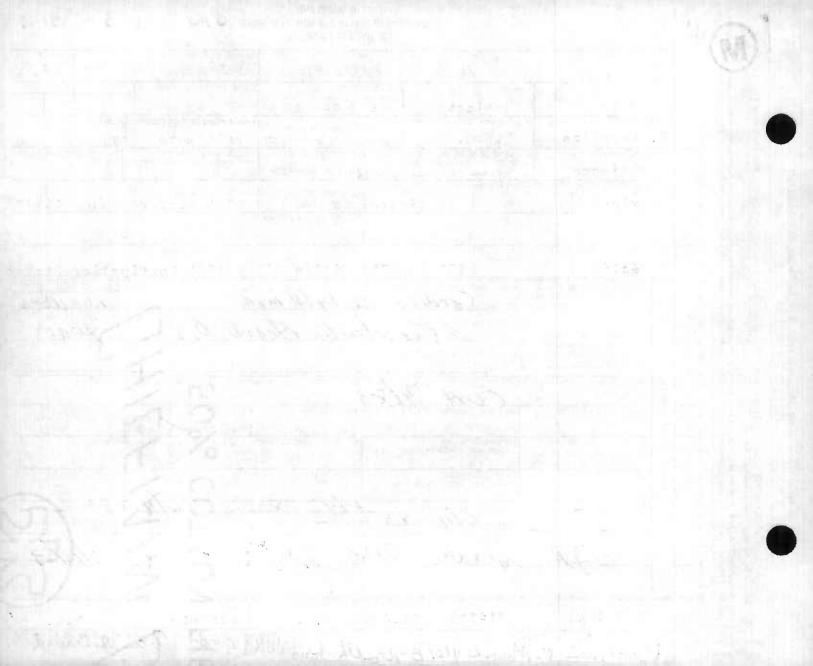
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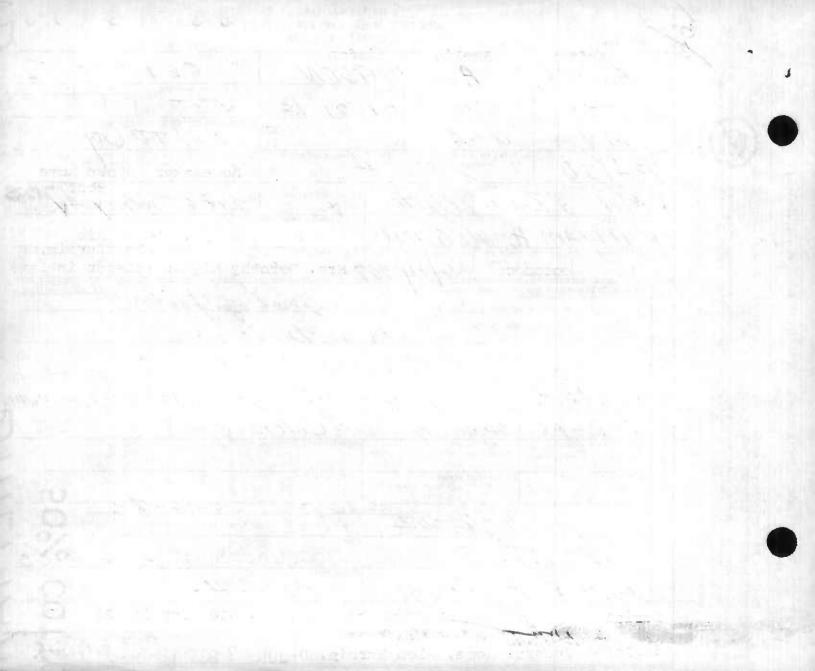
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR

- STATE REGISTRAR DECEASED NAME FIRST (TYPE OR PRINT) LOUIS JAMES HILDEBRANDT 5 . 55PM 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY 3. SEX 4. RACE Male White Apr. 26,1897 86 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Baltimore City U.S.A. WIDOWED DIVORCED MACITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore VAMC, Baltimore, Maryland 21218 Hardwood Floor Construction OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONE 21117 130. STATE Balto. 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Owings Mills NOX YES T 22 A Deer Lodge Court 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST Charles Herman Eberhard Catherine Hildebrandt Anna Hemple 166 SOCIAL SECURITY NO. 17. INFORMANT Route # 1 Box 199 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Dorothea Minor Hanover, Penna. 17331 214-01-1919 Yes. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 'ARDIOPHIMONARY IMMEDIATE CAUSE (O. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stoting everalized debilituted STATE underlying cause CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO F YES 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 1983 June 29 19 83 ___, and that in Xvy) (aur) apinian death occurred an the date and haur and fram the couses stated sow the deceased alive on June 29 obaye, (Xiwe) (did) (adXiX) view the bady after death. 22c DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS NAME (TYPE OF PRINT) VAMC, Baltimore, Maryland 21218 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE

DHMH - 16 50M 4/82 (VRA 15, 4)

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IMPORTANT

[SPEBuria]

Owings Mills, Md.

July 1, 1983 Woodlawn Cemetery

250 DATE REC'D. BY REGISTRAR

Woodlawn, Balto., Maryland

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FOR - STATE

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REG. NO

2b. HOUR

6 - 10 - 83IF LINDER I YEAR

ONTHS DAYS

9. BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY

12b. KIND OF BUSINESS OR

TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

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bundalk Md, 21222

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NO [] YES T

COUNTY STATE 19 83

____, that (1) (we) last

224. DATE SIGNED

Balto., Md. 21218

Forest Hill, Harford Co., Maryland 21050

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

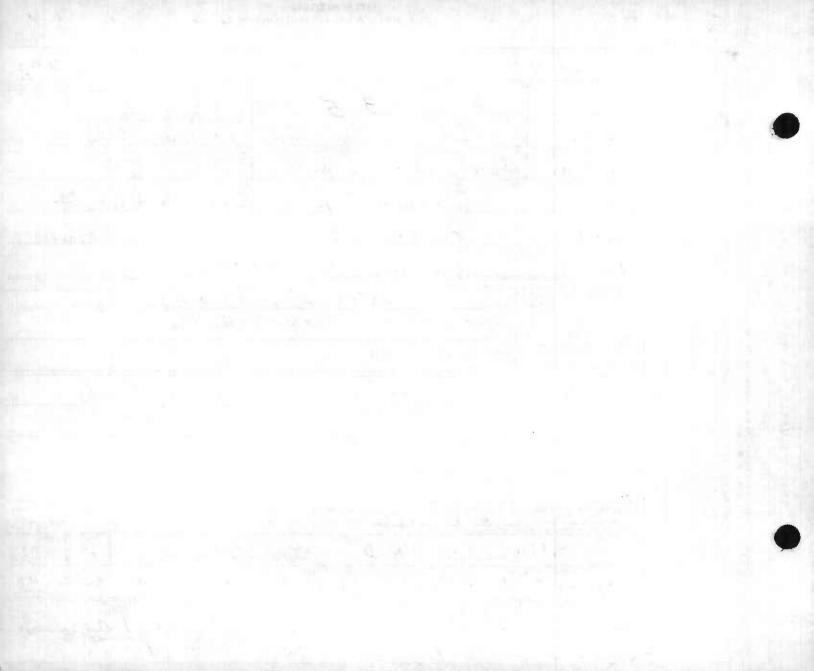
CERTIFICATE OF DEATH

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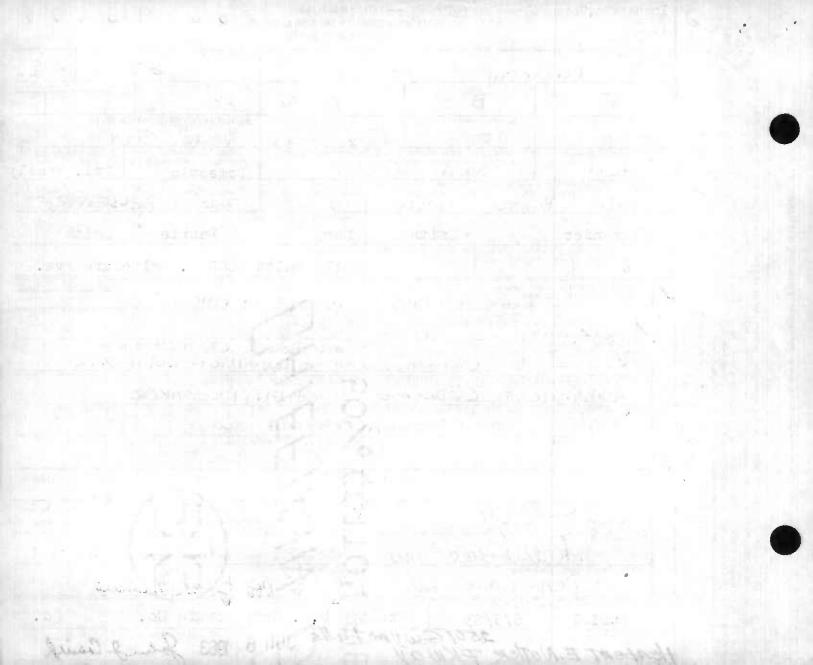
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 2s. DATE OF DEATH MONTH PEAR 26 HOUR THRE-CHIRENY HOFFMAN HARLES 4 RACE ACSE THE YEARS LAST BRITISHES IF UNDER 1 TEAR # UNDER TAKET 1 SEX BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND C 126. KIND OF BUSINESS OR SOAL RESIDENCE IF MURENS HOW OR OTHER METRUTION, GHE RESERVE EFFOR AD COUNTY 13d. INSIDE CITY LIANTS? YES -NO HER'S NAME 13. MOTHER'S MAIDEN NAME HAS WAS DICEASED EVER IN U.S ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 19 M GINNER DEDATES CHECKED BY THE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ULMONARY EMBOLISM IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CONGESTIVE LIBART FAILURE, COPD 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [YES T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21£ LOCATION 21e PLACE OF INJURY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from. 1983 and that in (me) coursopinion death occurred on the date and hour and from the causes stated 226. SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS MERCY tOSP NTHICOM ICHARD 230. BURYAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CHAMATORY 23d LOCATION

DHMH - 16 50M 4/82

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DIRECTOR

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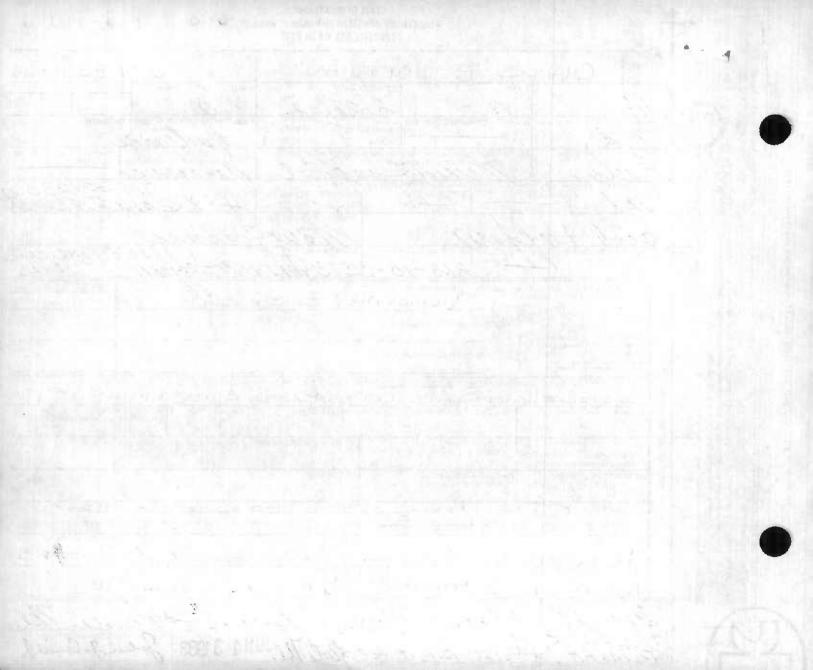
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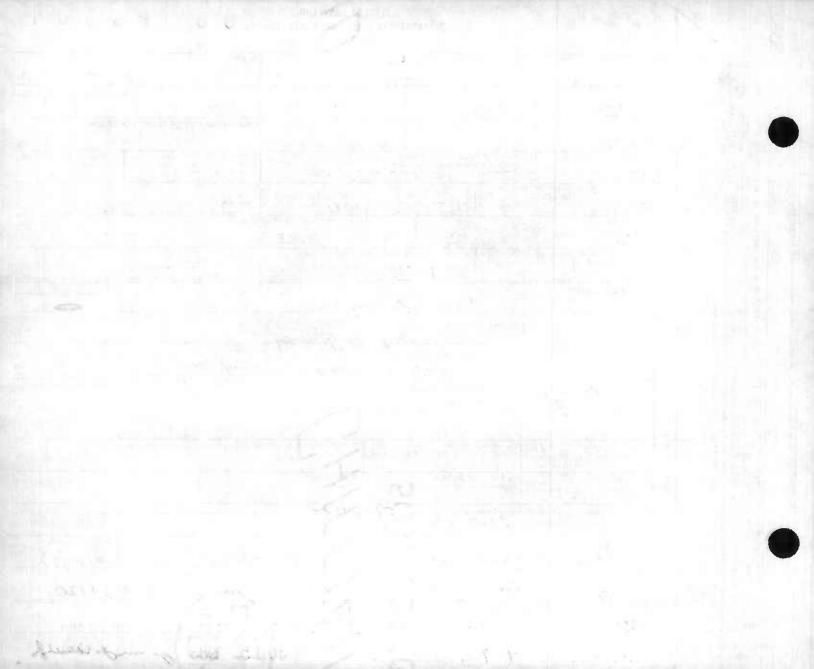
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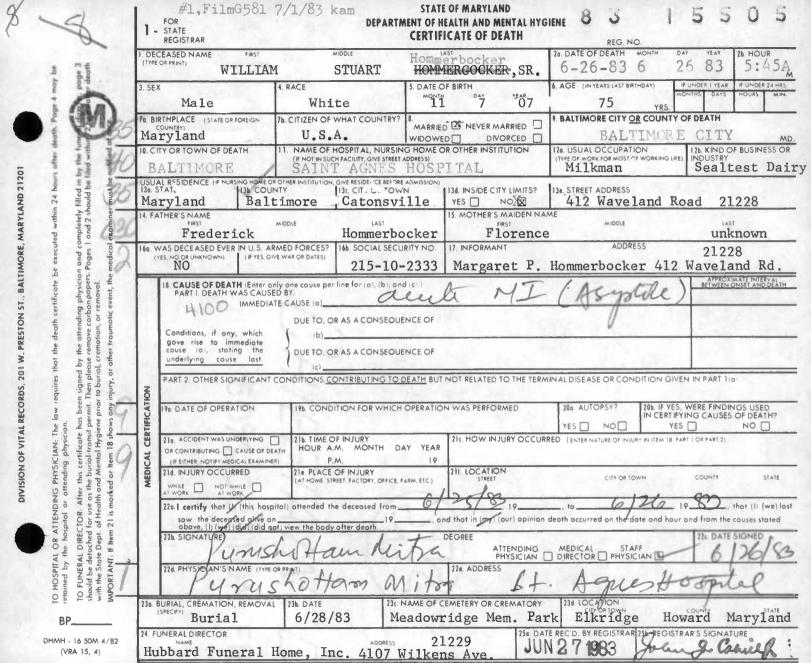
10	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 3	15	502
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Poge 4 may	3. SE.	<u> </u>	4 RACE	S DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHO	YRS	DAYS HOURS MIN
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thin 24 ho	130. 9	Md . 136 COL	JNTY	Baltimore	13d INSIDE CITY LIMITS? YES XXX NO 15 MOTHER'S MAIDEN NA		brook A	ve.21217
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Poges Poges		VAS DECEASED EVER IN U.S. A res, no or unknown) (if yes, G NO	RMED FORCES?	166 SOCIAL SECURITY NO. 218 224942	Edward Hol	ly Balto.	ingsway , Md. 2	71218
n. now requires that the death nos been signed by the ottending permit. Then please remove corn permit. Then purity, cremation, or wis any injury, ar other traumation.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 10; stoting the underlying couse lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	CONDITIONS C	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT ONTRIBUTION FOR WHICH OPERATION	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE	PART TIO FINDINGS USED AUSES OF DEATH?
s certificate he burial-transit p Mental Hygien or Item 18 shaw		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	YES	NO []
After this cer as the burio Ith and Meni orked ar Ite	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUN	NTY STATE
L OK ALLEND the haspital a L DIRECTOR, A tached for use e Dept. of Hea If Item 21 is m		220.1 certify that (II) (this has saw the deceased alive a above, (II) (Westadd) (did a 22b. SIGNATURE	n (G)	ofter deoth.	nd that in (my) (ouc) opinion DEGREE ATTENDING	MEDICAL STAFF	220	om the couses stoted
to FUNERAL Should be deto with the State		22d PHYSICIAN'S NAME (TYPE Rubert C	OR PRINT)	neline	PHYSICIAN X	DIRECTOR PHYSICIA	Tall	,
BP	23o. E	urial, cremation, remova Burial	1 23b. DATE 6/11		EMETERY OR CREMATORY AS Mem. Pk.	23d LOCATION CITY OR TOWN Balto	COUNTY	STATE Md.
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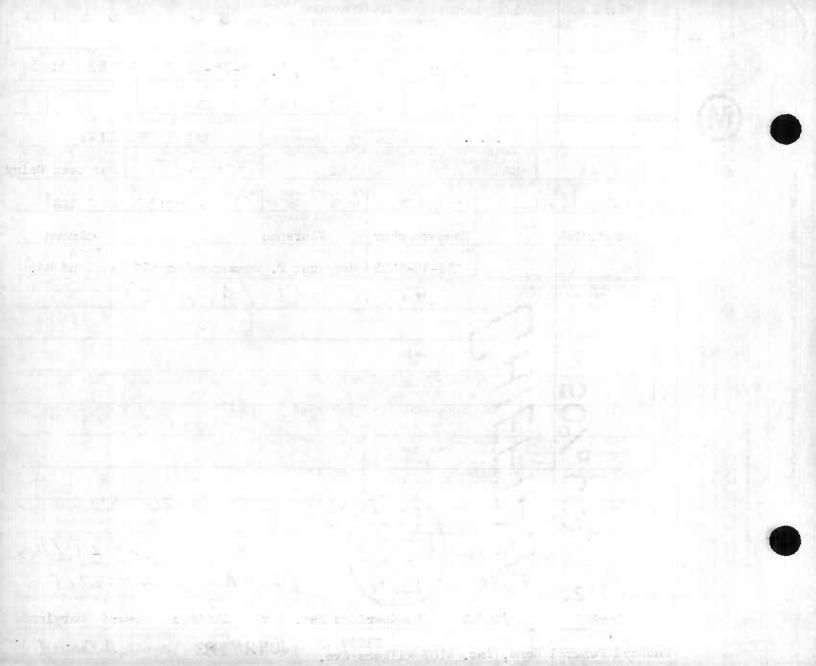
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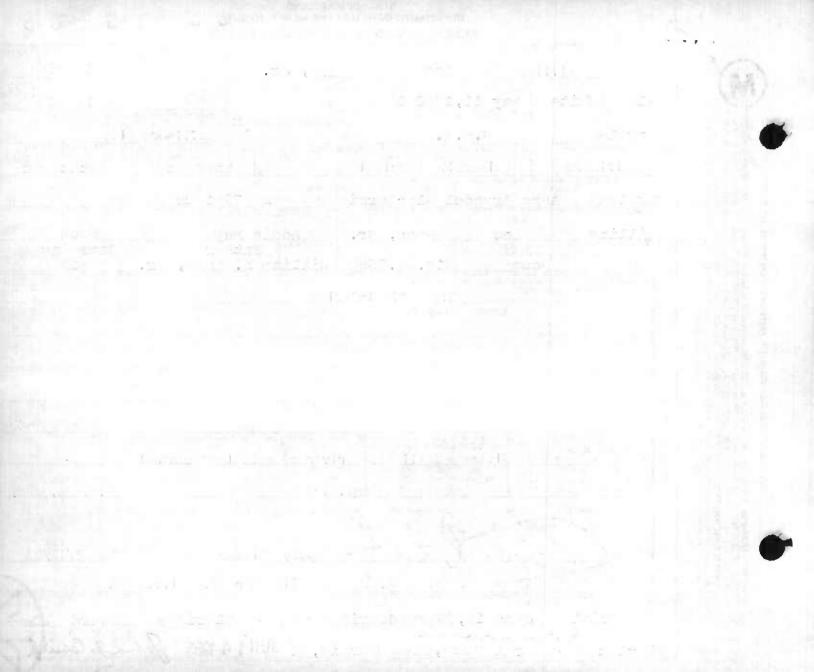
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STATE OF MARYLAND



DHMH - 16 50M 4/B2

(VRA 15, 4)

FOR STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

DEPARTM	AND MENT OF THE CERTIFICATE OF DEATH	IENE 8 3	5 5	0 7	
DIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
	Hood	June 23 1	983	6:20	,
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
Black	12 22 18	64 YRS.	MONTHS DAYS	MOURS MIN.	
HAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH		i
Α.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	itv	M	0
SPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR	
ohns Ho	pkins Hospital	(VIII CO VIOLATOR MOST OF NOME	u.c)		
VE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS 403 E. 20th	Street	21218	

_	altimore	THE	e Johns Hopki	ns Hospit	all				
13a		G HOME OR OTHER INSTITU 36. COUNTY	130. CITY OR TOWN Baltimore	134 INSIDE CITY LIM	403	E. 20	th St	reet	21218
14. F	William	MIDDLE	Page	15 MOTHER'S MAID Lizz:		WIDDLE		Dodd	
	NAS DECEASED EVER IN YES NO OR UNKNOWN) NO	U.S. ARMED FORCE (IF YES, GIVE WAR OR DAT		John A.	Hood 2	700 Ro		Ave.	Apt.E
	PART I. DEATH WA	(Enter only one cous S CAUSED BY: MMEDIATE CAUSE (c	e per line for (0), (b, ond (c,))	Hypoten	sun			BETWEEN ON	SET AND DEATH
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_	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH HOU	ME OF INJURY R. A.M. MONTH DAY YEAR P.M. 19		OCCURRED (ENTER	PHATURE OF INJURY	IN ITEM 18 PART 1 (OR PART 2)	
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	sow the deceased	1190	and the deceased from 6/3 3 19 83 opening the second of the decease of the second of the decease of the second of	ond that in (my) (eer) o	pinion deoth occu	6/23 pried on the dot	e and hour and		ot (I) (we) lo uses stoted
	226. SIGNATURE_			DEGREE				22c. DATE SK	GNED

220 ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

Mount Auburn Cem.

ATTENDING PHYSICIAN

24 FUNERAL DIRECTOR Wm CameMarch F/H Inc. 1101 B North Ave.

23b DATE 6/28/83

76 CITIZEN OF W

11. NAME OF HO

(IF NOT IN SUCH I

U.S.

250. DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE

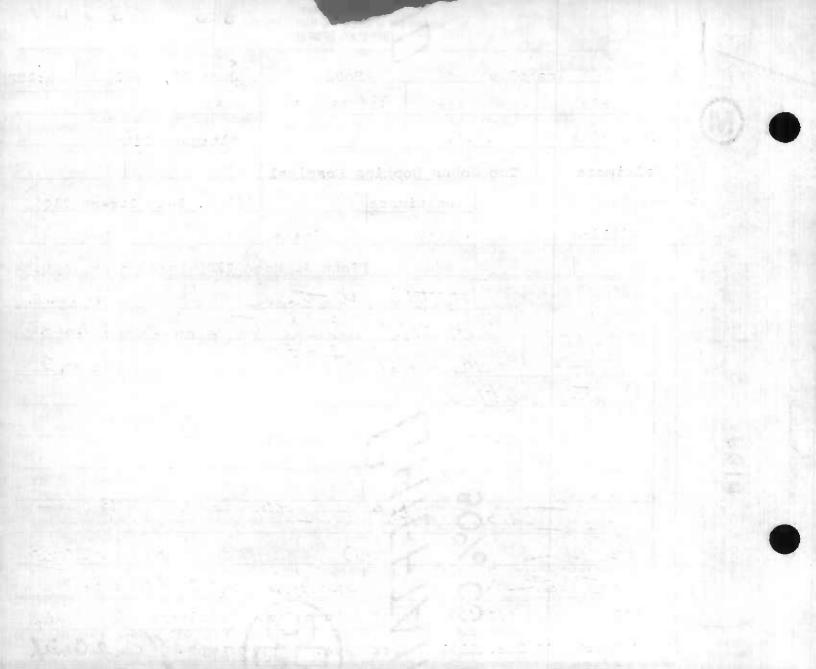
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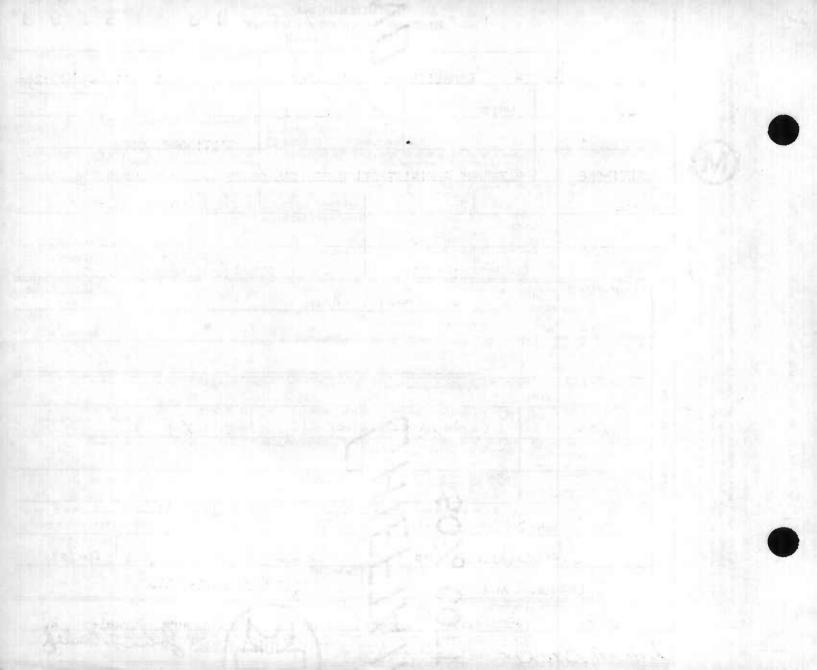
MEDICAL STAFF

Baltimore

23d LOCATION



	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLA EALTH AND M ICATE OF D	LENTAL HYG		3 REG. NO.	1 5	.5	0 8
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TO HOSPITAL OR retained by the h TO FUNERAL DIRI should be detache with the State Dep		226. SIGNATURE	allo	Vario	MD	33		TTENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN 💭	22	C DATES	83
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F 6 F 0 > 7	230. 8	SURIAL, CREMATION, REM		. DATE		NAME OF C	EMETERY OR C	REMATORY	23d. LOCATIO		COUN	TY	STATE
BP		Burial	J	une14,	1983	Roseda	ale Ceme	eterv	Martin	sburg I	Berke	ley	. VW
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Richard 6/2/83 19 Hopkins 4 RACE AGE (IN YEARS 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED Male 1937 Cauc 6/2/83 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR MARRIED NEVER MARRIED EOREIGN COUNTRY) U.S.A. Baltimore City WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS NURSING HOME, OR OTHER INSTITUTION Baltimore leasant disabled SHOULD BE I AND 3 TO RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21224 Balto. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1136 COUNTY Mt. Pleasant Ave 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME S AFF.
GIVE PAG.
"(TH FORM Ph.
"SES I AND 2 Thelma EMST Calvin Hopkins Mever 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. ADDRESS DIVISION (YES, NO, OR HINKNOWN) (IF YES, CIVE WAS OR DATES) 218-26-5500 Calvin C. Hopkins, 2431 McElderry 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 92 IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease BETWEEN ONSET AND DEATH Canditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) < CERTIFICATION USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF TO BURIA YES [] NO XX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR FART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFFER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a I certify that I taak Autopsy Suicide Undetermined manner TITLE (SPECIFY) **ACTUAL** Deputy Chiefredical EXAMINER Thomas D. Smith, M.D. 111 Penn St., Balto., Md. 21201 230. BURIAL, CREMATION, REMOVAL 236 DATE 6/6/83 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Md. Oaklawn Cemetery BP 250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** S. CONKLING J (VR A15 ME (5)) 20M 4/82

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(VRA 15, 4)

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